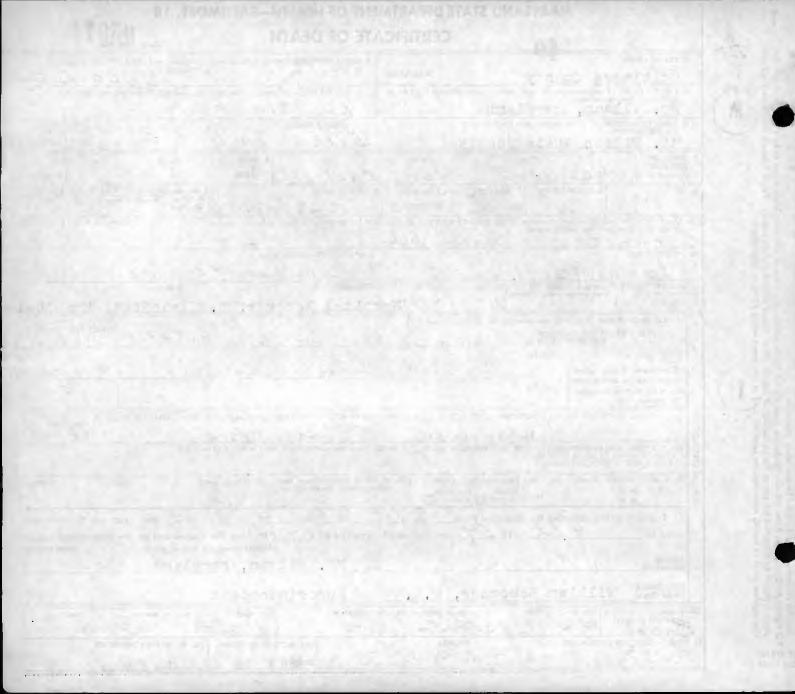
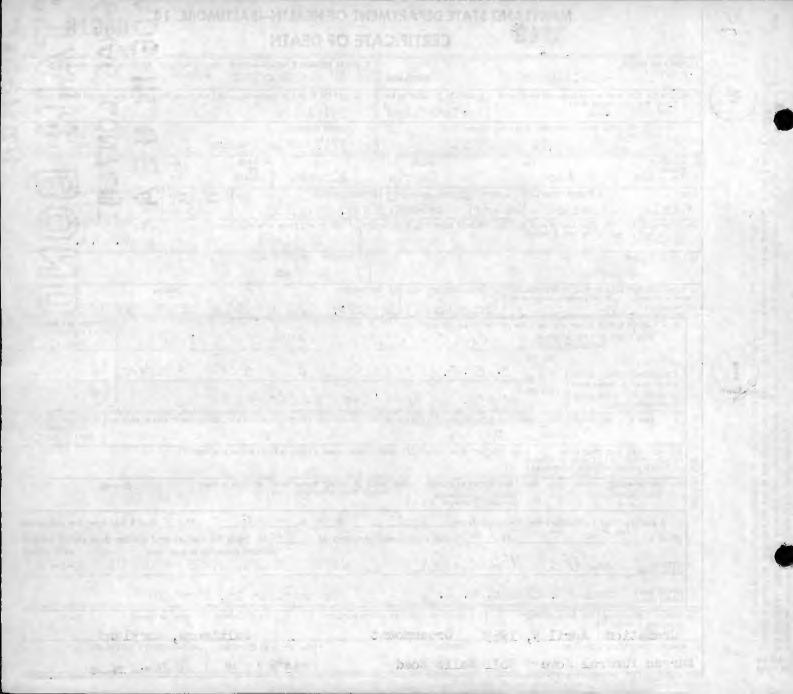
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1/	Items 8 & 9, Film G24 CERTIFIC	ATE OF DEATH Reg. Dist. No.	
Page director	1. PLACE OF DEATH a. COUNTY Baltimore County MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. STATE b. COUNTY 32160.	n)
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should should	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS d. STREET ADDRESS ON A F	
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cian or carbo	13. FATHER'S NAME	LOUISE KEM DEF	
physic remove 2 hour	(Yes. no. or unknown) (If yes, give wor or dates of service)	INFORMANT Address	
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es the	Conditions, if ony, which gove rise to immediate DUE TO	arterio sclerosis 4-5	YER
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detac 10 by	I ACTUAL I A TV		abave. E SIGNED
r prio	ALLWARD ARM	Mt. Wilson, Maryland	
DSPTICE TO SERVE TO S	NAME (Type) William Newcomer, M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY.	Superintendent 22d. 19GATION (City, town, ar county) (Stote)	
TO FUNDATION OF THE PROPERTY O	Detrical 4/4/1959 Fordon () 23. FUNTERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
VS A15 (4) 15M 10/57	Joung Byers 8728 Liberty Ret Mandoll		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 47 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO NO NAME OF First Middle 4. DATE Month Yeor DECEASED (Type or print) DEATH 195 5. SEX 7. MARRIED T NEVER MARRIED 9. AGE (th years IFUNDER TYEAR IF UNDER 24 HRS last birthday) Months Hours WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTH/LACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Wholesal Interner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ony in New 18. Gire along with f 18: CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH per PART I, DEATH WAS CAUSED BY: dave. IMMEDIATE CAUSE (o) Office | 690.1 DUE TO Conditions, if ony, which 126 /20 gove rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? 0 NO R 200. EXTERNAL CAUSE WAS PRIMARY OF OCONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter notuce of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (Stole) factory, street, affice bldg., etc.) While a. m. 2mm al work Olyana Olyana 21. 1 certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes X. Accident ... Suicide , Homicide , Undetermined monner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Druid Ridge Cem 23. EUNERAL DIRECTOR'S EIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE YS. A15ME

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 3943 Reg. Dist. No. With PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND M b. CIT OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CLETTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 should d. NAME OF HOSPITAL (IE met in hospital. give street address? d. STREET ADDRES e. IS RESIDENCE ON A FARM? YES NO Pub E NAME OF Middle 4. DATE Yeor OF DEATH (Type or print) 195 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 5. SEX P. AGE (In years IF UNDER I YEAR IF UNDER 24 HE Months Davi House Min 100 USUAL OCCUPATION (Give kind of work done uring most of focking life, eval it retired) 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreigh country) 12. CITIZEN OF WHAT COUNTRY? 13. FATTER ANAME 14 MOTH please remove o 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 ANFORMANT Address offending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN TAKOM ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** CEREBRAL PHRTER 10 SCLENOSIS Conditions, if any, which gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO. T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINED) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour o. m. While Not while of work at work 21. I certify that I attended the deceased from ..that I last saw the deceased and that death occurred at M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL FUNERAL DI PHYSICIAN'S NAME (Type) WEURIAL CREMATION. 226. DATE THEREOF 22 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Ciff, Jawn, or dounty) page (State) PEMOVAL (Specify) PUNEBAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE Chillian & Krays VS A15 (4) 15M 9/55

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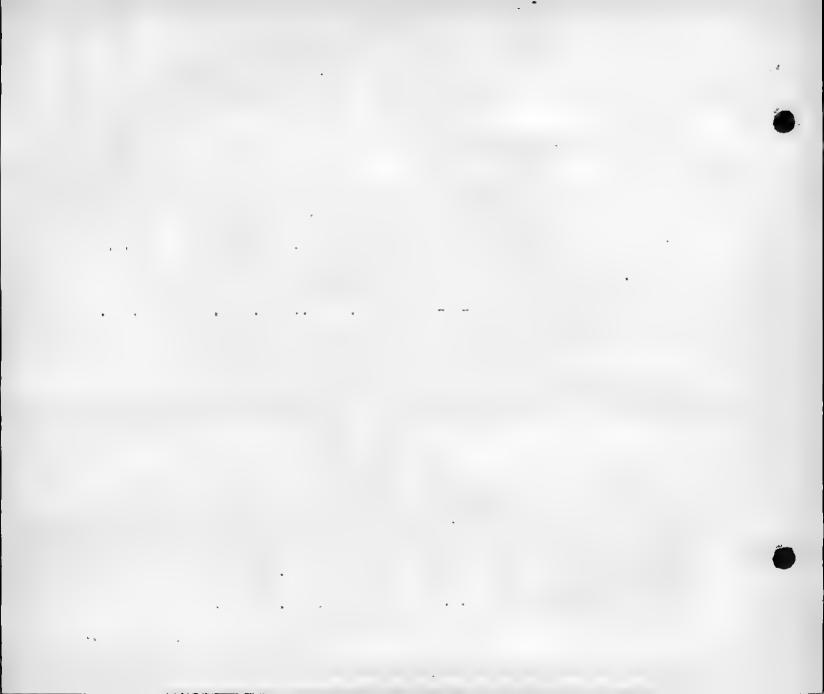
3944 CERTIFICATE OF DEATH

(13918 Reg. Dist. No.

		_										
1. PLACE OF DEATH o. COUNTY Baltimore	9		MARYL	LAND	2. USUAL RESIDER Q. STATE MOL.	NCE (Wh	ere deceased li	ived. If institution by COUNTY	ını Resider	ice befare	odmiss	ion)
b. CITY OR TOWN (RURAL and give a Catonsvi	b. CITY OR TOWN (If autide carporate limits, write Catonsville (Fig. 1) of STAY IN 16 (Catonsville)						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City					
d. NAME OF HOSPI OR INSTITUTION Spring G.	TAL (If not in bospital, s rove State	ive street Hosp:	address) ital		d. STREET ADD 1615 S		rshall	St.		e	ON A	FARAL NO
3. NAME OF DECEASED (Type or print)	Anna	rs1	Middle		Bailey		4. DATE OF DEATH	April Man	th	L9 Doy		Y-59
5. SEX Female	6. COLOR OR RACE White	7. MARS	RIED NEVER MARRIE		B. DATE OF BIRTH Feb 114,	1885	9.	AGE (In years loss birthday) 74 yrs.	Manths	Doys Doys	Haurs	R 24 HRS. Min.
Housewi		dane 10b.	KIND OF BUSINESS OF	R INDU	Maryl	and		ntry)		TIZEN OF		COUNTRY?
13. FATHER'S NAME					14. MOTHER'S M							
Charle	S Sipes	orea Ive		Tan M	Mamie .	ACCE	mis .					
Yes, no, or unknown)	(If yes, give wer or dates of s	ervice)	social security no.		ospital R	BCON	ds	Addr	e13			
Canditions, if a gove rise to a cause (a), stating lying cause last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (company, which immediate the under the un	Ge:	ne for (a), (b), and (c).} teriosclero neralized a	rtic	ri es cle ro	sis,	severe	}				DEATH
CATIC			CONTRIBUTING TO DEA						EN IN PA		PERFC	RMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	NO:	CRIBE HOW INJURY OC De	CURRE	D. (Enter noture of i	njury in P	Part I ar Part II	af item 18.)				
20c. TIME OF INJUI Have a. m. p. m.	RY Month, Day, Ye	While	NJURY OCCURRED Nat while k at wark		ACE OF INJURY (Ho ctory, street, affice b			fawn)	(County)		(Stote)
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REMOVAL (Specify)	4-22-59		Moreland		ck Cemete	ry	Balti	Lmore C	ount	,	(Stot	e)
23. FUNERAL DIRECTOR	nc., 1217	St.	ADDRESS Paul Stree	et			PR 2 2 '59		TRAR'S SI			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3945 **CERTIFICATE OF DEATH** director, iled with 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a COUNTY Filed **b.** COUNTY Baltimore MARYLAND erol b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURA, and give nearest town)
Fort Howard 84 Davs Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital 1702 North Bentalou Street YES NO TO Puo NAME OF DECEASED Middle 4. DATE Month Year (Type or print) JAMES E BALTS. DEATH 19 59 5. SEX 7. MARRIED NEVER MARRIED 6. COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Haurs Male Colored WIDOWED 1 DIVORCED | 65 yrs. May 16, 1893 18a, USUAL OCCUPATION [Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY] 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Waiter Hotel Luray, Virginia U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John M. Balis Cora Berklev 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Yes Clin. Recs., Vet. Adm. Hospital, Ft. Howard. 196-10-0910 18. CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c).] INTERVAL BETWEEN ă PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH ABDOMINAL CARCINOMATOSIS WITH METASTASES. PRIMARY STIE UNKNOWN UNKNOWN DUX XX permit. Canditions, if any, which been signed gave rise to immediate DUE TO couse (a), stating the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 PERFORMED? YES 🗍 NO 📆 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Name, form, Year 20d. INJURY OCCURRED Day. 20f. (City or town) (County) (Stote) Haur o.m. factory, street, office bldg., etc.) While Not while of work 🔲 at work 21. I certify that Xattended the deceased from January 8 19.59, to April 2 19.59, through company of the company of the company of the company of the certify that Xattended the deceased from January 8 19.59, to April 2 SOCK and that death occurred at 6:20AM, from the causes and on the date stated above. defoch ADDRESS (Street, city or town, state) **DATE SIGNED** ACTUAL SIGNATURE VAH FT. HOWARD, MD FUNERAL DIR the registror PHYSICIAN'S NAME (Type) W. CRAWFORD.VAH Ft. Howard Md.... 220. BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) pode (Stote) REMOVAL (Specify) **Baltimore** Nationa Burial Baltimore 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24c. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) arillay & House DATE APR 1 3 '59 15M 10/57 Phillips 1808 N Monroe



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 394K Reg. Dist. No directa 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) filed a. COUNTY **b.** COUNTY MARYLAND MARYLAND BALTO b. CITY OR TOWN (If guiside corporate limits, write c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) c. LENGTH OF STAY IN 16 RURAL and give nearest town) EISTERSTOWN d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS IS RESIDENCE ON A FARM? 54 BERRYMANS DERRVMANS LANE YES NO 🗔 pup NAME OF Middle 4. DATE Month Day Year DECEASED DEATH (Type or print) 19 5 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours DIVORCED | WIDOWED T ALE 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign country) during most af working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 2,5. WASH. D.C. BRICKLAYER 13. FATHER'S NAME UNKNOWH. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT BERRYMANS LAME 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: 10 hely one ohe DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 19 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Month. Day Year 20d. INJURY OCCURRED-(County) (State) factory, street, office bldg., etc.) Hour a.m. While Net white at wark a of work p. m. 21. I certify that I attended the deceased fromthat I last saw the deceased alive on s and that death accurred at //. M, from the gauses and an the date stated above. Town/slote DATE SIGNED ACTUAL SIGNATURE prior shauld PHYSICIAN'S NAME (Types FUNERAL 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, tawn, or county) State) REMOVAL (Specify) RIAL MIDDLETOWN CO. MD 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR 38 18 Polar. arthur S. Hours VS A1S (4)



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03921 MEDICAL EXAMINER'S CERTIFICATE OF DEATH should be Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write PURA) E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autide corporate limits, write RURA's and give nearest town) prior d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE lay is r direct ON A FARM? YES NO 12 retained for your fill 3. NAME OF the funeral ad far yaur f funeral DATE Lost Year DECEASED (Type or print) DEATH 10-6. COLOR OR RACE 7. MARRIED ANEVER MARRIED 18. DATE OF BIRTH 5. SEX 9. AGE (In year IF UNDER TYEAR IF UNDER 24 HRS. E (In years Months Days Haura Min. WIDOWED [DIVORCED [3 to 100. USUAL OCCURATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY during most of working life, even iterational) BIRTHBEACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? puo offer 2, an AST OF å moy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM Pages 1, Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? TOCIAL SECURITY NO. 17. INFORMANI Address File Give PM3. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH Item 18. PART I. DEATH WAS CAUSED BY farm IMMEDIATE CAUSE (a) s certificate should be execul "pending" in pencil in Item viner's Office along with farr be used as a burial-transit p **DUE TO** Canditians, if any, which gave rise to immediate cause **DUE TO** (a), staling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? ward "pendir of Examiner's (should be use NO D YES 🗔 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY Der CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (State) ting the w Medical Page 3 sh Hour factory, street, office bldg., etc.) While B. M. Not while at work at work D. 10. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection [2] Inquiry Z, and find that to hief. death resulted from: Natural causes [2] Accident . Suicide ... Homicide . Undetermined cause ACTUAL MATERIAL STREET CHIEF MEDICAL EXAMINER SIGNATURE cute the cert farwarded to 5 FUNERAL I ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DETATY MEDICAL EXAMINER [7] 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) O ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR

DATE

VS. A15ME(5) 5M 9/55

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within 24 hours



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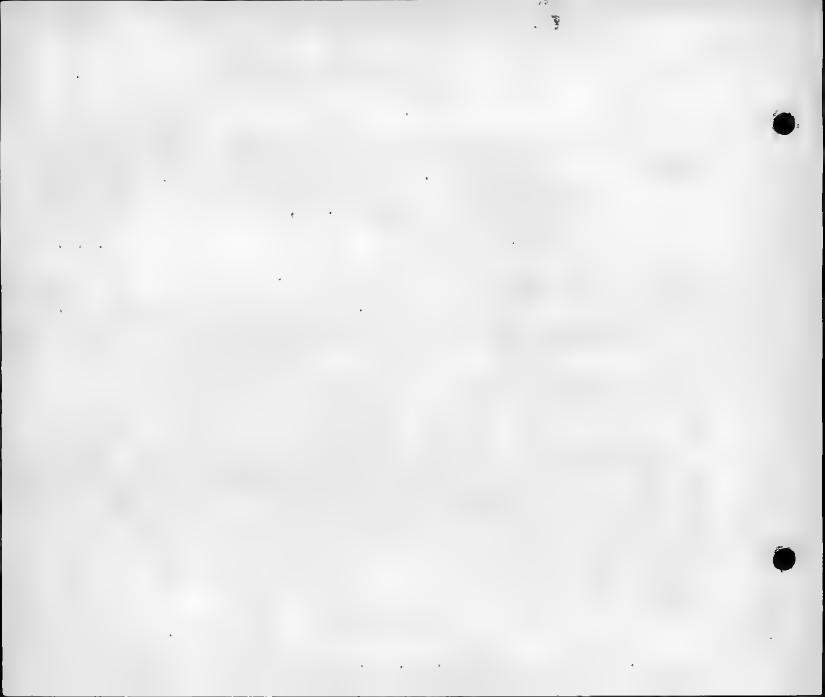
TO DEPUTY MEDICAL EXAMINER: This centificate shauld be executed within 24 hours after death. If any delay is newered execute the certified with the word "pending" in pendit is frem 18. Give Pages 1, 2, and 3 to the function of 4 should be for a should be used as a should be used as a burial-transit permit. File pages 1 and 2 with the State Board of ar its designated agent, priar to burial, cremation, or removal, and if any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3924 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No.

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•	PLACE OF DEATH O. COUNTY	Baltimore		MARYLAN		ESIDENCE (J lived. If institu	tion: Residence be	efore admission)
	Dunds.I	outside corporate limits, write t	URAL	1 yr.		r town (i	_	rate limits, write	RURAL and give	nearest town)
		AL OR INSTITUTION (IF Kavanaugh			H '	ADDRESS 232 K	avanau	igh Roa	đ	e. IS RESIDENCE ON A FARTE YES NO
3	B. NAME OF DECEASED (Type or print)	Alma-		Middle E .]	Bare	ast .	4. DATE OF DEATH	April	11	Year 1959
	Female	Talk at the last	- MARRIES	NEVER MARRIED (Sept.		1882	AGE (In years Institutely)	Honder Types Months Doys	Hours Min.
Ī	Oa. USUAL OCCUPATION during most of working	ON (Give kind of work do by life, even if reliced) Housew		ND OF BUSINESS OR INDU	_	PLACE (State	_	intry)		S A
	O. FATHER'S NAME				14. MOTHER	S MAIDEN	NAME			
		Hiram Jon	OS			Unkn	own			
	15. WAS DECEASED EV	ER IN U. S. ARMED FORC	ES? 16. 5		INFORMANT			Address		AND A MADE AND
	No	None		None M:	ra. Lec	na S	mith 8	232 Ka	vanaugh	Rd. 22
	Conditions, if a gave rise to immer (o), stating the cause test. PART II. OTH	diate cause DUE TO (c)		NTRIBUTING TO DEATH BUT	NOT RELATED T	O THE TERM	Alex's		EN IN PART I(0)	© Sylecter © Sylecter 19. WAS AUTOPSY PERFORMED? YES □ NO □
	CAUSE OF DEATH. 20c. TIME OF INJUI How g. m. p. m.		While	Not while to work	ACE OF INJURY	(Hame, form	m. 20f (City o	r lown)	(County)	(State)
×		1		emains described about ses D. Accident	M.D CHIEF	de [], MEDICAL ES ANT MEDIC	y , Ins Homicide [XAMINER AL EXAMINER EXAMINER		Inquiry (and in my er DATE SIGNED
2	BULLAL CREMATIO	4-15-59		Maysville	Cemete	ry	72d LOCATIO	N (City, town, o	Kentu	cky
2	3. FUNERAL DIRECTOR		.7.3	ADDRESS		24o. REC	D BY REGISTRA		TRAR'S SIGNATU	
	JOHN J. I	OUDA 7922	W180	Ave. 22, 1	Ma.	DATE #	IPR 2 0 '5	9 0	nthun I the	au.4



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£ 77	.		3			leg. Dist. No.
M M	1.	LACE OF DEATH COUNTY Baltimore	MARYLAN	A STATE	ere deceased lived. If institutions b. COUNTY	Residence before odmission) Baltimore
9 6		CITY OR TOWN (If outside corporate III RURAL and give nearest town)	mits, write c LENGTH OF STAY IN 1		outside corporate limits, write RUR	AL and give nearest town)
E 11		Port Howard	5 days	54 Balti	more 4/.	
		J. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
250		<u> Veterans Administra</u>	tion Hospital		uernschmidt Dri	
		Type or print)	RMAN A.	BAUMGARTNER	4. DATE Month April	24 19 59
	5. 5	ex 6. color or raci	7. MARRIED NEVER MARRIED WIDOWED DIVORCED		lest highdayd	UNDER I YEAR IF UNDER 24 HRS Aonths Days Hours Min
	1 .	USUAL OCCUPATION (Give kind of world during most of working life, even if relief	ed) [ar fareign country)	12 CITIZEN OF WHAT COUNTR
		Vatchman FATHER S NAME	Protective Assi	14. MOTHER'S MAIDEN N	, Maryland	U.S.A.
2		Michael Baumgartne	er	Louise Kil	gus	
De L	15.	WAS DECEASED EVER IN U. S. ARMED FO	PRCES? 16. SOCIAL SECURITY NO. 1	. INFORMANT	Address	
7		(es WW I		lin. Records.	VAH Ft. Howard,	Md.
Ē		18 CAUSE OF DEATH [Enter only one	cause per line for (a), (b), and (c).]			INTERVAL BETWEEN
\$		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE	CARCINOMA OF	THE LUNG, LEFT	r	Unknown
Le ve		/63X DUET				V244401111
× 6		Conditions, if any, which)	(h)			
ō		gave rise to immediate DUET	0			
P		lying couse last.	fe)			
	N	PART II OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART I(a) 19. WAS AUTOPS
3 0	CATION		MYOCARDIAL T	VEA BOTTON		PERFORMED? YES NO TO
	CERTIF	200. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCU		Part I or Part II of item 18.]	
	MEDICAL	20c. TIME OF INJURY Month, Day, Y Hour a.m.		PLACE OF INJURY (Home, form factory, street, office bldg., etc	, 20f (City or town)	(County) (State
	WED	p. m. 19	While Not while at work at work	ractory, mean, office orag., etc		
		21. I certify that Vattended th	e deceased from April 1	9. 1959 to A	nril 21, 1050 1	NAME OF THE PERSON OF THE PERS
		*****************	COCCIONOCIONE and that de	th occurred at 70 sho	PM from the course one	don the date stated also
		00	0'		ADDRESS (Street, city or town, sta	
. 1		ACTUAL SIGNATURE OLDER L	p. / bru de Feen	Mr. VA Hospit	al, Ft. Howard,	Md. 1,/25/5
,			ONCE DE LEON, M.D.	VA Hospit.	al, Ft. Howard,	Md. 1/25/59
	١,	BURIAL, CREMATION, 22b. DATE THERE REMOVAL (Specify)	1/12/		22d. LOCATION (City, lown, or control of & Belation	(0.0.0)
*		FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'	D BY REGISTRAR 246. REGISTR	AR'S SIGNATURE
* (1	tames Buch	Krake	DATE A	PR 2 9 '59 Cue	Lug S. House
11	JAI	BS J. BRUZDZINSKUZ	1107 Eastern Ave		, , ,	THE PROPERTY OF THE PARTY OF TH

I - -1 . .

1 2			RARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7	-		S76E CERTIFICATE OF DEATH Reg. Dist. No.
n. Page 4) 1 10 10 10 10 10 10 10 10 10 10 10 10 10 1		PLACE OF DEATH o. COUNTY D. MARYIAND O. STATE b. COUNTY
eral per fil			CITY OR TOWN (If outside corporate limits write of LENGTH OF STAY IN 1b RURAL and give nearest town) RURAL and give nearest town)
the fun shauld		_	Futherville, Md /14-1mg-23dan Baltimore
n >0	90		d. NAME OF HOSPITAL (If not in hospital give street oddress) OR INSTITUTION OR MATTER ADDRESS ON A FARM? YES NO
24 hour Hed in b			NAME OF DECEASED (Type or print) Mrs Kathering F Becken DEATH about IT 1959
ithin 2 ely fill. Poges		5. 1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
3 2		L	F WIDOWED DIVORCED November 1, 1876 82 yrs. Sme 27 Min
xecuted of complete papers.		10c	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT COUNTRY?
		13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
# 6 6 E		'"	1
physician remove can		15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address
9 p 2 C		L (TO	no or unknown) (If yes, give wor or dates of service) Hospital Records
eath ce ending Jease re ithin 72			IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
the dute attended the plant wi			PART I, DEATH WAS CAUSED BY: WY -
y th Th			170 X DUE TO
ed 5			Canditions, if any, which gove rise to immediate (b).
s gar			cause (a), stating the <u>under-</u>
sicial sicial rans		Z	PART IT OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO 119 WAS AUTOPSY
he le)	CATIO	Beneralist arteris silenasis à arteris selentie heart designe YES NO D
HAN: Tremaing		L CERT F	20a ACC DENT WAS UNDERLY'NG TO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port of Part 1 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYSIC or of s cert ss as		MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame farm, 20f. (City or town) (County) (State) Haur a. m. While Nat white of tweet of the state of the state of tweet of
Putol Putol Putol Far u		2	p. m,
Affic Affic hed riot,			21. I certify that I attended the deceased fram. Wax., 1928, to Prisent, 19, that I last saw the deceased alive on 4/26, and that death accurred at 8 3.5 AM, fram the causes and an the date stated above.
de to			ADDRESS, Street, city or town state) // DATE SIGNED
OR ined DIREC Id be prior	1		SIGNATURE Cruck Brown Jr M.D 1101 M. Calvert St Balt. 2 4/28/59
SPITAL be retai NERAL (3 shaul			PHYSICIAN'S ERNEST C. BROWN UR 1101 N. CALVERTST BALTO, MD.
6. ⊗ □ ∞ ·□		220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
o HOS may b O FUN page th≡ re			urial 1/29/59 Drydd Ridge Cem Pikesville Md.
► ► VS A15 (4)) F	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS
15M 9/5B	1		MM. J. VIC WENT V SOUN WELLO ! DATE CENTER SE THOMAS
			"ULL



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 12 FilaG2-1 4-2)-59 et CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Regidency before admission) 1, PLACE OF DEATH COUNTY b. COUNTY Baltimore PARTABAGE b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 3b RURAL and give nearest town) Parkville Rodoers Torae d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS OR INSTITUTION 2606 Wentworth Road Home Hrmacost pug 4. DATE OF DEATH NAME OF Middle trank (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months DIVORCED | WIDOWED [7] male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Yuqoslavia U.S.A 13. FATHER'S NAME ilhiff 72 hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Mrs. Magdalena Beierli 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I, DEATH WAS CAUSED BY: Cardio-respiratory failure IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which pneumonia gove tise to immediate **DUE TO** coute (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY generalized and cerebral arteriosclerosis. Old cerebra-vascular 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 206. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING A CAUSE OF DEATH 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg , etc.) Hour o. m. While Not while of work of work 12-27-58 4-9-59 21. I certify that I attended the deceased from 19____that I last saw the deceased and that death occurred at 7:10 am, from the causes and on the date stated above alive on detoch ADDRESS (Street, city or town, state) ACTUAL SIGNATUR should PHYSICIAN'S 6231 York Road, Baltimore 12, Md. ., M.D. NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Jown, or county) REMOVAL (Specify)

Hartord Road #14

ltimore

Doys

(County)

arthur & Kouse

240. REC'D BY REGISTRAR

DATEAPR 1 3 '59

. IS RESIDENCE

Hours

same

INTERVAL BETWEEN ONSET AND DEATH

week

PERFORMED?

YES NO PA

(Stote)

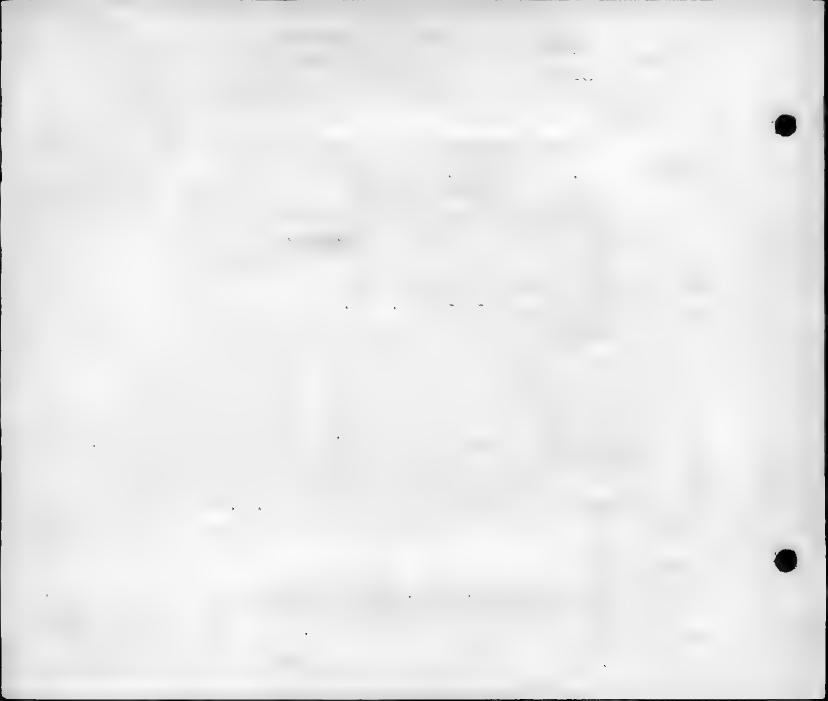
DATE SIGNED

(Stote)

land

YES NO P

O VS A15 (4) 15M 9/55



CERTIFICATE OF DEATH

03926

		3950		CERTIFICA	ATE OF D	EATH		R	leg, Dist, No	o.
۲.	PLACE OF DEATH	imore		MARYLAND	2. USUAL RESIDE O. STATE	yland	ere deceased lived	6 COUNTY	Residence before Residence before	1
	CITY OR TOWN (IF RURA, and give neg	outside corporate limi grest town) 110	ts, write c LENG	OF STAY IN 16		OWN (IF or	itside corporate lii			
Н	d. NAME OF HOSPITA OR INSTITUTION	ines,16		Ave.	Former		6 Ove	rbrook	Rđ.	e is residence on a farm? Yes No
	NAME OF DECEASED (Type or print)	Fir		Middle BT	Last		4. DATE OF DEATH	Month April	11/59	lay Year
5	Female	6 COLOR OR RACE White	7 MARRIED N	DIVORCED	8. DATE OF BIRTH		los	birthday) N	UNDER I YEAR	R IF UNDER 24 HR Hours Min
100	during most of works	N (Give kind of work in ng life, even if retired	Own H	BUSINESS OR INDU			or foreign country)		USA)F WHAT COUNTRY
13	Leonhard	Lehr			14 MOTHER'S Unk	<u>naiden n.</u>	AME			
1\$. {Ye	WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give war or dates of s			hn H. B.	erger	.6311 1	Address Mt -R1d	_	.Catons
CERTIFICATION	PART I. DEAT Conditions, if on gove rise to in couse (o), storing to the lying couse lost.	mediate Dur To	alexa	bral O clerki	There Is Company of NOT RELATED TO	Di.	ALASE CON	DITION GIVEN	ON	19. WAS AUTOPSY PERFORMED? YES NO
CAL CERTIFI	20°. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A 20°C. TIME OF INJURY	CAUSE OF DEATH		W NJURY OCCURRE	D (Enter nature of			<u> </u>	(County	r) (Slote
MEDICAL	Hour o.m. p.m.	19		whilefo	ctory, street, office	bldg., etc.)			14447	,
	actual SIGNATURE	ot lattended the	deceased from	and that death	M.D 450.	10:16 8 Ed	M, fram the conditions (Street, or	auses and	an the dat	the decease the stated above DATE SIGNE
226	BUR AL, CREMATION	C. MacLau		D., 4508	Edmondsor or Crematory		age, Pal	to.29,	100 4	(Stole)
]	Burial	April	14/59 I	oudon Pe			Baltimo	re 29	.Md.	
Ţ.	funcial piregrors	eral Dir	ectors AD	DRESS	-	24a REC'D	BY REGISTRAR	24b. REGISTR	rar's signatu	JRE

runeral director, uld be Fled with TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the runeral page 3 should be detached for use as the buriot-fansit pagen. Then please remove carbon papers. Pages 1 and 2 shauld be the registrar prior to buriat, cremotion, at removal, and in any event within 72 haurs after death. ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

M

TO HOSPITAL OR VS A1S (4) 15M 9/58



may be retained the haspital or attending physician. Description of completely filled in by functional districtions and completely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 bours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 样 TO HOSPITAL OR may be retaine TO FUNERAL DIS

VS A15 [4] 15M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02027

30	151	CERTIFIC	AIE OF DEAT	Н	Reg. Dist.	No.
1. PLACE OF DEATH O COUNTY Balte in	ne	MARYLAND	2 USUAL RESIDENCE (W		If institutions Residence. COUNTY Public	before admission]
b. CITY OR TOWN (if outside co RURAK and give nearest town)	r On	l estay in 16	c. CITY OR TOWN (III	portside corporate lim	its, write RURAL and giv	e negresi fawn)
d NAME OF HOSPITAL (If not in OR INSTITUTION KEP)	n haspital, give street oddres	e_	814 Demy	beliff o	EL. 48	on a FARM? YES NO M
3 NAME OF DECEASED (Type or print)	lamie	Middle C.	Betts	PSAIN 6	afiel ?	28 19 5-9
FW	WIDOWED'S	NEVER MARRIED	STALLE ///	070 0	(In years IF UNDER 17 Months D	YEAR IF UNDER 24 HRS. ays Hours Min.
10a. USUAL OCCUPATION (Give kinduring most of working life, aw	nd of work done 10b. KIND en if retired)	OF BUSINESS OR IND	WSTRY MIBIRTHPLACE (SIGN	ar foreign country)	12. CITIZI	S A
Charles H	udgin=		S. Rebe	CCA .		
15. WAS DECEASED EVER IN U. S. /	ARMED FORCES? 16 SOCIA	AL SECURITY NO.	was covert	Hunter	Address	me-
18. CAUSE OF DEATH [Enler PART I DEATH WAS CO	AUSED BY-	(a). (b). and (c).]	2 hrome	Lakis		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIAT	DUE TO	20		2		-
Conditions, if ony, which gove rise to immediate	101	entingo	n arterio	astirop	-7	
couse (o), stating the <u>under-</u> lying couse last.	DUE TO					
PART II OTHER SIGNIFIE	CANT CONDITIONS CONTR	RIBUTING TO DEATH EL	of NOT RELATED TO THE TERM	AINAL DISEASE COND	STION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NOTE
200. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E	OF DEATH	HOW INJURY OCCUR	RED (Enter nature of injury in	Port I or Port II of it	em 18.)	
20c. TIME OF INJURY Month, Have e.m. p.m.	Doy, Year 20d. INJURY While at work		PLACE OF INJURY (Hame, far actory, street, office bldg., e	m, 20f (City or low tc.)	n) (Cou	unty) (State)
21. I certify that I atte			, 19 5 %, ta C		, 19. ⁵ 7 ,that I la	st saw the deceased
alive an Whale	19 3 /	and that deat	th occurred at \$138	M, from the ADDRESS (Street, cit		date stated above
ACTUAL Char	les M. Will	lamo	M.D. 1632	<i>(</i> 2)	terstown	n Road
PHYSICIAN'S Char		Villiam	is P	Kesul	11e8,1	ud.
220 SURIAL CREMATION, 726. D. D. SEMOVAL (Specify)	421959	NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (C	ity, lower or county)	md (Stole)
23. MINERAL DIRECTOR'S SIGNATU	bins of mile	ADDRESS 4965 Vez	A Par DATE	R 3 0 '59	24b REGISTRAR'S SIGN	

VS A15 (4) 15M 10/57

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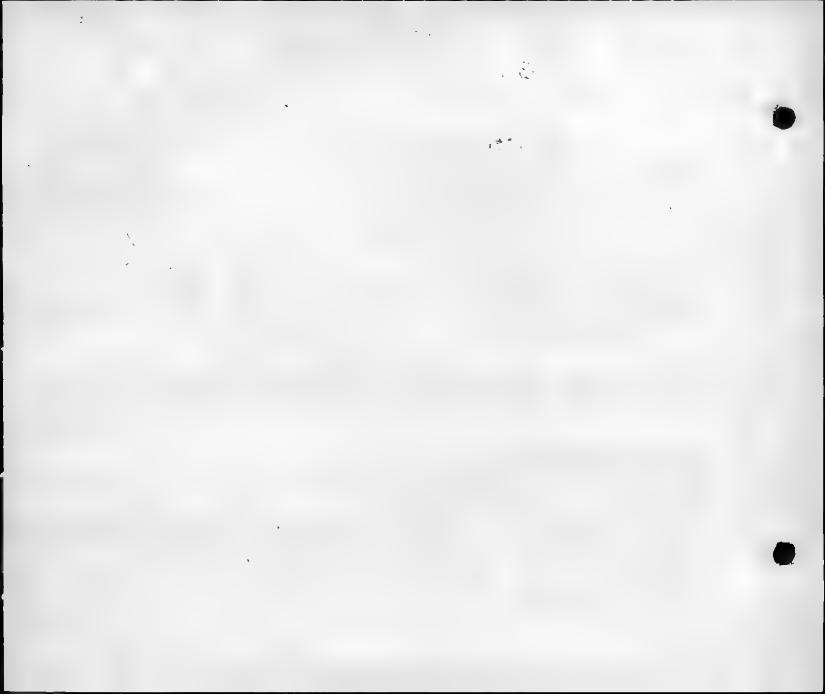
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3952 CERTIFICATE OF DEATH

03928

Uもは4(Reg. Dist. No.

		COUNTY 12 A	2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission)
	L	Pauto 19 MARYLAND	o STATE OS b. COUNTY
	1	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		Shawows Pt. 32 yrs	in the second se
	Z	J. HAME OF HOSP TAL (If not in hospital, give street address)	d. STREET ADDRESS e IS RESIDENCE
		5107. Sueenliell ave	YES NO
	3. 1	IAME OF First Middle	Last 4. DATE Manth Day Year
		Type or printNVINCENTY. WM. BIE	LAWSKI DEATH april 15 1959
	5. \$	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE Un years IF UNDER I YEAR IF UNDER 74 H/S lost Wylfday) Months Days Hours Myn
		Mill White WIDOWED DIVORCED	Rec 25.1884. Tyraday) Months Days Hours Min
	10a	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDU	STRY 11 BIRTHELOCE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY
		Steel Worker Steel niell	Poland U.S.A.
	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME
		Vincenty Blekowske	Many anna deglerowing.
	15 (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 II	NFORMANT Address
		no: 2/3072863 G	anna Belauske.
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH
	П	PART 1. DEATH WAS CAUSED BY ALCUTE MUYOR	candial tailine 2 days
		H. X DUE TO	10
		Conditions, if any, which) (b) Proucheal	astra. 11yrs
		gove rise to immediate Couse (a), stating the under-	
	_	lying couse lost } [c]	
)	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 17 WAS AUTOPSY PERFORMED?
			YES NO X
	CERTIF	200 ACCIDENT WAS UNDERLYING [] ON CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter noture of injury in Port 1 or Part II of item 18.)
	MEDICAL	The state of the s	ACE OF INUURY (Hame, form, 20f (City or town) (County) (State)
	MED	Hour c. m. White Nat white for work of work	any, meer, arrest may, etc.)
		21. I certify that I attended the deceased from Sun :	1950, to april 15, 1951, that I last saw the deceased
		alive an april 14 1959 and that death	-7 3/D
			ADDRESS (Street: City or lown, state) DATE SIGNET
		SIGNATURE TOURS N. Giller.	MD. 6408 N. 9+. Rd. 4/15/3
/		PHYSICIAN'S	2 11-10 31.1
		NAME (Type) LOUIS N. (OLLIN	Isatto 19. ma
	220	BURIAL, CREMAT ON, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	0.044
		BURIAL 19/18/39 MACKED MY	ent of MARY GERMAN HILLRY BALTO, MY
	23.	UNEBAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	-	5/20100 (4 Nove, 705 & am	DATEAPR 1.6 '50



VS A15 (4) 1SM 10/57

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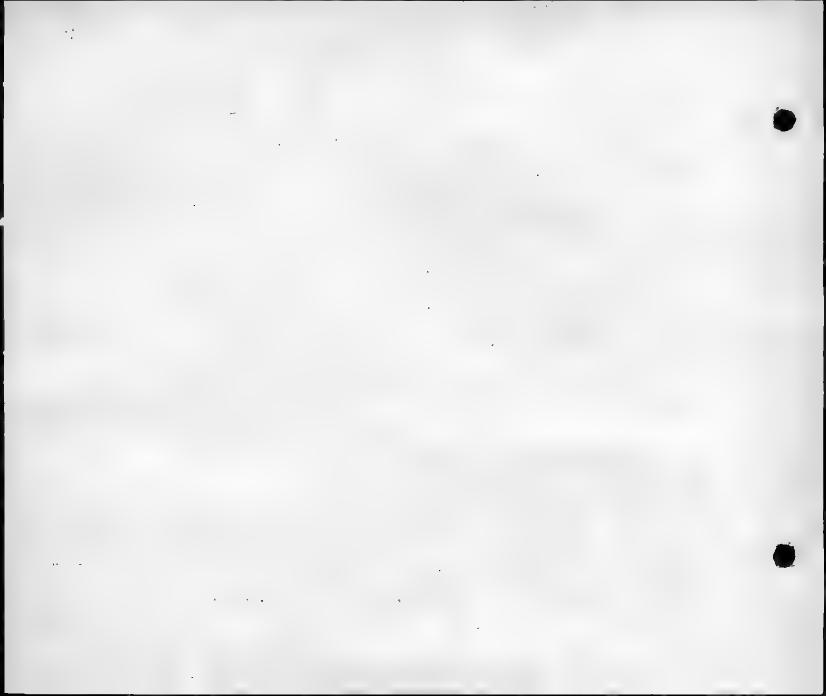
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3953 CERTIFICATE OF DEATH

03929

U うけんに Reg. Dist. No.

		rlace of death b. county _Baltimore			MAR	YLAND	2. USUAL RESIDENCE (WE NOT A TE LAND	here deceased I	b. COUNTY		before adm	ission)
	ŧ	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF !				IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
		Catons viile 1 mm			1 month		Baltimore City- 15					
	,	d NAME OF HOSPITAL (If not in hospital, give street address)					d. STREET ADDRESS					ESIDENCE A FARM?
4		Spring Gr	ove State	Hospi	tal		3803 Menlo	Drive				NO 🗍
		NAME OF DECEASED Type or print)	Nata]	ni Lie	Middle	•	Blum	4. DATE OF DEATH	Apri.		Day 19	Year 19 59
	S. S	EX	6. COLOR OR RACE	7. MARRI	IED NEVER MARRI	IED 🔲 🖪	. DATE OF BIRTH	9.	AGE (In years		YEAR IF UN	
	L	Female	White	WIDOWE	D DIVORCE	D 🗖 🖟	TUNE 12, 19	28	lost birthdoy)	Months 0	Pays Hour	rs AAin
	10o.	USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b. i l)	KIND OF BUSINESS O	OR INDUS	RY 11. BIRTHPLACE (Stole	or foreign cou	nfry)	12. CITIZ	EN OF WHA	AT COUNTRY?
	12	TOUSE WIFE 3. PATHER'S NAME					14 MOTHER'S MAIDEN	<u>\</u>			-4/	
	13.	LL.	1.1.2				MOTHER'S MAIDEN I	NAME				
		MERMAN WEINE BERTHA LEVY										
		S WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Address										
				IV	NKNOWN	1.77	OSPILAL	KECO	Rd &			
		PART I DEAT	TH [Enter only one of TH WAS CAUSED BY:	(e for (o), (b), and (c)	<u>d</u>	House	t-ail	1110		INTERVAL ONSET AN	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									79 -7.44	
		Conditions if any matrix										
		gove rise to immediate										
		couse (a), stating the lying couse fast.	he <u>under-</u>									
	z	PART II OTHI			ONTRIBUTING TO DE	ATH BUT I	OT RELATED TO THE TERM	IINAL DISEASE O	CONDITION GIVE	EN IN PART	1(o) 19. WA	S AUTOPSY
	CERTIFICATION										PERI	NO
		20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	206. DESC	None	CCURRED	(Enter nature of injury in	Port I or Port II	of item (B)			
	MEDICAL	20c. TIME OF INJURY Hour o.m. p.m.	' Month, Day, Ye	While	NOT while of work	20e PLA foct	CE OF INJURY (Home, form bry, street, office bldg., etc	n, 20f (City o	r town)	(Co	iunly)	(Stote)
	П	21. I certify the	at Lattended the	decease	ed from Marc	h 17	10 59 to Al	pril 19	10 59	that I la	et sow th	e deceased
	П	glive on Apr	10 00	195		death	occurred of :15	M from	the causes a			
		01170 017	- CV /		/ 4	<i>✓</i>	accorred delizing.		el, city or town, s			DATE SIGNED
		ACTUAL SIGNATURE	101	12a-	kard	<u>/_</u> ,	Spring (Grove S	tate Hos	pital	4-	19-59
		PHYSICIAN'S NAME (Type)	James Do	nald i	Drinkard,	M.D.	Catonsv	ille, M	d.		De also COP also COP also also also also a	
	220	MRIAL CREMATION MEMOVAL (Spec fyl)	226. DATE THERE	59	724 NAME OF CEM	ETERY OF	crematory	228. LOCATIO	ON (City town, or	e (vojiv)	70	Cd
1	23	MERAL DIRECTORS	SIGNATUR		DORESS	PI	24a. R.C	D BY REGISTRA		TRAR'S SIGN		
R.	إسا	ECK Jes	OCA MUZ	2100	Olilar	ンプメ	DATE	APR 21"	59 C	hathun at	. 7 PLANA	



2 1.		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18								
7		CERTIFICATE OF DEATH ()393() Reg. Dist. No.								
director director	1,	PLACE OF DEATH o. COUNTY BALTIMORE MARYLAND 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. STATE MARYLAND b COUNTY								
death death	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard, Maryland 3 DAYS C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NORTH BEACH									
2 Should	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Veterans Administration Hospital 915 Bay Avenue. Box 252 VES NO									
24 hour led in b		NAME OF First Middle Lost 4. DATE Month Day Year DECEASED								
within 2 nety fills Pages	5 :	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 14 ARS If UNDER 15 ARS If								
nple in ple	10o	Male White WIDOWED DIVORCED April 29, 1898 60 yrs WIDOWED COUNTRY USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY USUAL OCCUPATION (Fig. even if retired)								
ond bon er de	13.	Carpenter Construction Maryland U.S.A. FATHER'S NAME 14. MOTHER'S MAIDEN NAME								
g physician remove con 22 hours aft	70	Jacob Bodmer Carrie Wiles WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address								
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Yes WW II Clin Records Vet. Adm. Hospital, Ft. Howard, Md									
the death ce attending in please of int within 22		IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY CARDIO RESPIRATORY FAILURE UNKNOWN								
quires that igned by the permit. The		Conditions, if ony, which gove rise to immediate couse (a), stating the under-								
en sin	Z	Lying couse last. (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY								
The lawing physics of has be burial-transcript.	CERTIFICATION	PERFORMED? YES IN NO.								
tendin ricate the b		200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
PHYSIC tal or al this cert ir use as remation	MEDICAL	20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of work of the pot work of the								
ENDING the hasping to the control ocched for purial, control ocched for purial, control ocched for the control occurs.		21. I certify that I attended the deceased from April 8 , 1959 , to April 11, 19 59 maximum appropriate appropriate the stated above.								
a de		ADDRESS (Street, city or fown, stote) DATE SIGNED								
retained RAL DIRE should be strar prior		BHYCKIAN'C								
% 8 ⊞ ຕ 'ຫ	720	NAME (Type) FILTRAL D. CURRIL VAH. FOR HOWARD, Md. 11/11/59 BURIAL, CREMATION, 22b. DATE THEREOF. 1220 NAME OF CEMETERY OF CREMATORY 122d LOCATION (CITY, fown, or country) (Stock)								
O HO Poge The re		REMOVAL (Specify) UTIAL ARlington National Arlington, Va. EMPERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS APPROVED BY REGISTRAR 246 REGISTRAR SIGNATURE								
VS A1S (4) 15M 10/57	0	FUNDING TOWNS - ADDRESS 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATAPH 1 3 '59 Common & Home & Hom								
		Washington, D. C.								



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH EALTH DEPT. 2 USUAL RESIDENCE (Where deceased lived of institution Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Baltimore MARYLAND Baltimore b CITY OR TOWN III outs de corporate himb, er le RuEAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate l'mits, write RURAL and give neares) town) Middle River (20 Middle River (20 ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 49 Everlasting Lane, Trailor Village Nor 49 Everlasting Lane, Trailor Village 3. NAME OF Midd n DECEASED DEATH (Type or print) 19 59 Lynwood Bowles April Ernest 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HPS lost b ethday) Months Days Hours WIDOWED [DIVORCED F 73 Mala White Jan. 28, 1886 ond o 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Sheet Metal Worker U.S.A. Retired Va. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Rita Samuel Bowles 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (If yes, they was or dotes of service) Same Mo 226-05-9699 Joyce A. Mills INTERVAL LETWESH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (c) Office DUE TO Canditions, if any, which) gave rise to immediate couse **DUE TO** Sharld be used as a bu [a], stating the underlying couse fost, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO 2 200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part II of How 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stole) factory, street, affice bldg., etc.) Not while at work at work D. m. 2) I certify that I took charge of the remains described above, held an Autopsy , Inspection KI, Inquiry [7], and in my g e opinion death resulted from: Natural causes XI, Accident T, Suicide T, Hamicide T, Undetermined manner DATE SIGNED DIREC ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER [7] ERAL I DEPUTY MEDICAL EXAMINER NAME (Type) 27d LOCATION (City, town, or county) 220 BURIAL CREMATION, 22b 22c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Oak Lawn Cometery Balto. Co., Md. 246. REGISTRAR S SIGNATURE 240, REC'D BY REGISTRAR arthur S. Through YS. AISME Eastern Ave.



VS A15 (4) 15M 10/57

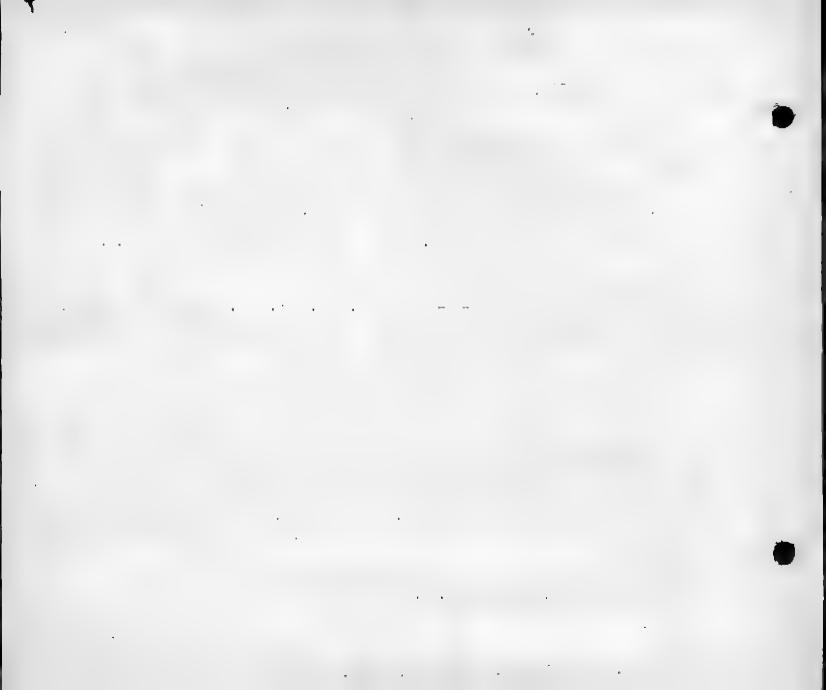
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3958 CERTIFICATE OF DEATH

03932

ยมขั้	OEKIII IO	TIE OF BEATTI		teg. Dist. No.
I, PLACE OF DEATH D COUNTY		2. USUAL RESIDENCE (Where	deceased lived. If institution	Residence before admission)
Baltimore	MATHORN	Maryland	b. COUNTY	
 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outs	ide corporate limits, write RUR	AL and give nearest town)
Fort_Howard	66 Days	Beltimor	re <u></u>	Vr. L
d NAME OF HOSPITAL (If not in haspital, give street or INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE
Veterans Administration	on Hospital	1126 Woo	dyear Street	ON A FARM? YES NO M
3 NAME OF First DECEASED	Middle		. DATE Month	Day Year
(Type or print) BURTON	0	BROWN	OF DEATH April	70 1959
5. SEX 6 COLOR OR RACE 7 MARR	RIED NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years III	UNDER 1 YEAR IF UNDER 24 HRS
Male Colored WIDOWE		June 14, 1923	35 / 35 / 4	Aonths Doys Hours Min
10o. USUA. OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (State or	foreign country)	12 CITIZEN OF WHAT COUNTR
	Steel Co.	Baltimore,	Maryland	U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
Howard Brown		Lilly Brown	1	
15 WAS DECEASEDEVER IN U.S. ARMED FORCES? 16. (Yes, no or unknown) + (If yes, give wor or dote, of service)	SOCIAL SECURITY NO 17. II	NFORMANT	Address	
	215-16-0982 CI	lin. Rec., Vet.	Adm. Hospital	, Ft Howard, Md
1B CAUSE OF DEATH [Enter only one cause per lin	ne for (o), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY BROT	NCHOGENIC CARCI	INOMA OF RIGHT	LUNG WITH	UNKNOWN
	PAS TAS ES			Otheronia
Conditions, if any, which) (b)				
gave rise to immediate Couse (a), stating the under-				
lying couse last				
PART II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	IN PART I(a) 19 WAS AUTOPSY
Į Š				PERFORMED? YES 124 NO 17
UF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part	l or Part II of item 18)	
		CE OF INJURY (Home, form,	20f. (City or town)	(County) (State)
Hour a m. 19 White at work	TAGE WHITE	tory, street, office bldg., etc } !		
21. I certify that Xattended the decease	ed from February	3 10 59 to April	17 70 10 50 4	COUNTRACED GEORGES CO
appearacecececece				
1	1 1 1		DRESS (Street, city or town, sta	
SIGNATURE CLUB LE &	projecter	VAH FT I	HOWARD, MD	
PHYSICIAN'S CARIDAD E. GONZAL	lez, M. d. 🗸	VAH_FT_HOW	JARD, MD	
270 BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF		d LOCATION (City, town, or c	ounty) (State)
Burial 4-14-5/	Baltimore Nat		Baltimore	Marvland
MI SUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC D R	REGISTRAR 246 REGISTR	ARS STGNATURE
George G. Kelson 13k8 N	Calbonn St. B	DATE		
		ALUUA III		



03933 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL_RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY, b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits/write RURAL and give nearest lawn) RURAL and give nearest lawn) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? . CH YES NO NAME OF DECEASED 4. DATE Middle Year Day 1959 (Type or print) DEATH 9. AGE (In years lost birthday) SEX 6 COLOR OR RACE 7. MARRIED ANEVER MARRIED 8 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Months *PMale DIVORCED | 4/yrs WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11 BIRTHPLACE (State or foreign country) -during most of working life even if retired) DUSTAUI 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME that the death certificate 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address 1B. CAUSE OF DEATH [Enter only one couse per line for (a). (b). and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? 0 YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f, ICity or town) (County) (Slote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I aftended the deceased from Jan 1957, that I last saw the deceased alive on and that death occurred at M. fram the causes and on the date stated above ADDRESS (Street, city or lawn, state) **DATE SIGNED** ACTUAL shauld PHYSICIAN'S 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) Carver Memorial Park Baltimore Co.. Maryland 10 EUNEAN DIRECTOR'S SIGNATHRE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR arthur L. Ferman

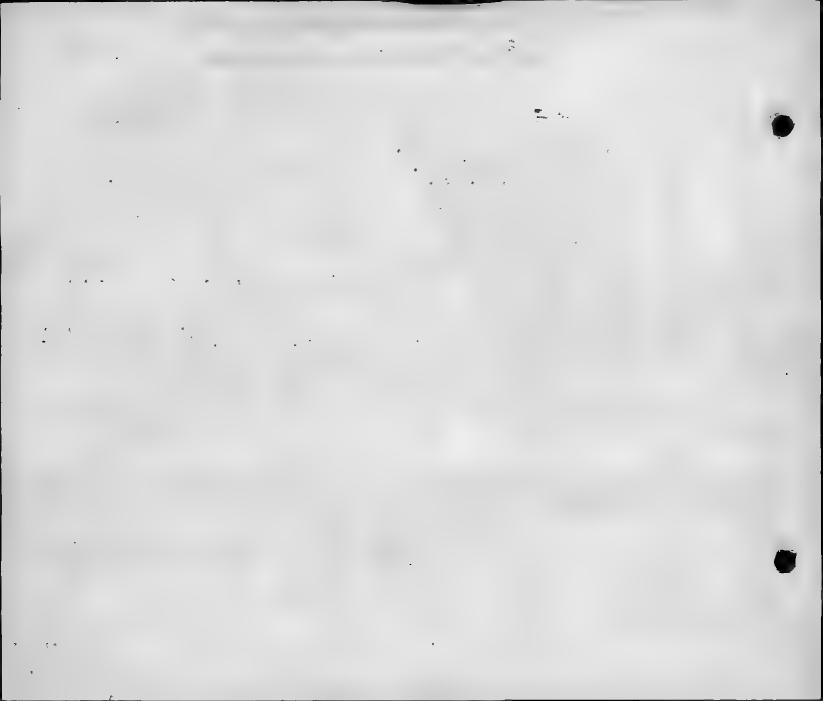
After death. 72 hours within registrar by the 1 .5 #ik filed e filed with letely filled sit permit. certificate be comple physician death death certificate assembly should the attendant

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3958 CERTIFICATE OF DEATH

03934

Reg. Dist. No. I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Baltimore COUNTY MARYLAND STATE Maryland COUNTY Baltimore (if outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give necrest town) and give nearest town (in this place)
9 YTS. TOWN Rusai. Owings Mills TOWN Owings Mills STREET 133 Pleasant Hill Rd. (if rural give location) INSTITUTION OR Owings Mills, Md. Ryb. 133 Pleasant Hill Rd. STREET ADDRESS 3. NAME OF (Last) 4. DATE (Month) (Year) DECEASED (Type or Print) DEATH 4/23/59 Joseph Francis Brown 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED, (Specify) Married RACE White Hours 10/26/1879 Male YES, 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, evan if OR INDUSTRY U.S.A. relified Retired Farmer His own farm Carroll County. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Francis Prown Lavina Feeser IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT & ADDRESS Rd. OWINGS MILIS. Md. 16. SOCIAL SECURITY NO. (Yas, no, or unk.) (If Yes, give war or dates of service) 199-01-8723 Mrs. Claude H. Miller, 133 PleasantHill 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE TUIL ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Ucurs DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION 20. AUTOPSY YES 🗍 NO 21a. ACCIDENT WAS UNDERLYING 21c. WHERE DID INJURY OCCUR? (City or town) 21b. PLACE (Home, Jarm, Jactory, (County) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY straet, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e. INJURY OCCURRED 211. HOW DID INJURY OCCUR? While Not while et work at work 22. I hereby certify that I attended the deceased from same, 19.50, to April 23, 19.59, that I last saw the deceased 1959 and that death occurred at 9:30 PM, from the causes and on the date stated above. alive on Hard 23 BIGNATURE DATE SIGNED 23. BURIAL, CREMATION, LOCATION (City, town, or county) A15C REMOVAL (SPECIFY) Burial 4/26/59 St. Marys Cemetery Silver Run, Carroll Co., Md. 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 29. YUNERAL DIRECTOR'S SIGNATURE DATE APR 2 7 '59 C' Jun S. Haus Littlestown, Pa.



1	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
.6.7		CERTIFICATE OF DEATH Reg. Dist. No.
director	1.	PLACE OF DEATH o. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. b. COUNTY
Id be for		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give nearest fown) RURAL and give nearest fown) Bal timore
d 2 shauld		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION HOUSE In the Pines-16 Fusting Ave. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
iilled in	3.	NAME OF DECEASED First Middle Lost 4. DATE Month Day Year DECEASED (Type or print) ELIZABETH L. BURKE DEATH April 17, 1959
rs. Pog		SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH Female White Novel Novel Novel 19, 1878 Novel Nove
nd cam	10	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier (rtd) USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNICOUNTRY:
ician a e carbo rs after	13	FATHER'S NAME Micheal Burke Maryaret A. Hines
ng phys 72 hau	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give wor or dotes of service) Self
aftendi n pleas r within		IB CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). IS CONCLODINGUMONIC. IMMEDIATE CAUSE (o).
l by the uit. The ny even		Conditions, if only, which) the Metastatic Carcinoma right breast 3 years
sit pera		gove fise to immediate couse (a), stating the under-lying cause lost. DUE TO (c)
rial-tran	CERTIFICATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO M
ificate I the bu		206 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)
this cert r use as ematiar	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. m. P. m. 19 of work of twork of twork of twork of twork of two or two of two or two of two or two
Affer ched for urial, cr		21. I certify that I attended the deceased from 10.21.49, 19, to 4.17.59, 19, that I last saw the deceased alive an 4.7.59, 19, and that death accurred at M, from the causes and an the date stated above
be deta		ACTUAL SIGNATURE MOTHAN Racusin M.D. 206 S. Gilmor St. 4.18.59
RAL DIS Shavid strar pr	4	PHYSICIAN'S NATHAN RACUSIN MD. Balto 23 Md.
may be bage 3 the regi	22	Burial Cremation, 226 Date Thereof 22c Name of Cemetery or Crematory 22d Location (City, Town, or county) (Stole) Burial 1/21/59 New Cathedral Cem. Balto., Md.
A15 (4) M 10/57	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS
		ma



VS A15 (4) 1SM 10/57 131

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3960 CERTIFICATE OF DEATH

()3936 Rea. Dist. No.

1. PLACE OF DE a COUNTY	ATH Baltimor	Ð	MARYL	AND	2 USUAL RESIDE	eryla		fived, If institut b. COUNTY	ion Residenti Balti	ce before o	Ím ssion)
b. CITY OR TO RURAL and TOWS	OWN (If outside corporate lim give nearest lown)	its, write	c. LENGTH OF STAY IN	ч 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TOWSON						
d NAME OF OR INSTITE 507 A	HOSPITAL (If not in hospital, out on line and li	give street	address)		d. STREET ADI		gheny	Avenue		, C	RESIDENCE ON A FARVE S NO A
3. NAME OF DECEASED (Type or print)	DORIS 1	MILY	Middle BURNS		Loss		4 DATE OF DEATH	Mo Apr	il 30,	Doy 1959	Yeor 19
S. SEX	6. COLOR OR RACE	7- MARI	RIED NEVER MARRIED	ाच्ये ।	DATE OF BIRTH			9 AGE (In years	IF UNDER		INDER 24 HRS
Female	White	WIDOW		_	Oct. 25,	1872		lost birthday) 86 yrs	Months	Doys Ho	ours Min
	UPATION (Give kind of work of working life, even if retired retired		KIND OF BUSINESS OR		Fonns			unity)		IZEN OF W	HAT COUNTRY?
13. FATHER'S NA	WE				14 MOTHER'S M	¥					
Jaco	b Burns				Kather	ine	Kranta	7.			
15. WAS DECEAS	EDEVER IN U. S. ARMED FOR	CES7 16.	SOCIAL SECURITY NO	17. IN	FORMANT				dress .		
No.	for hard there are no market to	states)		Cor	rad Sohn	, 50	7 Alle	glienay .	Avo	Towso	n 4,Md.
	18 CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).] PART I. DEATH WAS CAUSED BY: ORONARY ARTERY OCCLUSION IMMEDIATE CAUSE (o) ORONARY ARTERY OCCLUSION HOUR										
gove rise	s, if any, which to ammediate DUE TO	GEN	ERBLIZED		ARTERS	WSC	KER	20115			
lying couse	noting the unour-				.,,	,					
PART 200. ACCIDE OR CONTRIB (IF EITHER, N	IT. OTHER SIGNIFICANT CON		CONTRIBUTING TO DEAT	H BUT N	NOT RELATED TO T	HE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PART	PI	AS AUTOPSY REORMED?
	NT WAS UNDERLYING DUTING CAUSE OF DEATH HOTIFY MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCC	CURRED	. (Enter noture of i	njury in Po	ort I or Part	II of item 18)			<u></u>
20c. TIME OF	INJURY Month, Day, Ye o. m. p. m.	While	NJURY OCCURRED Not while at work	0e. PLA	CE OF INJURY (Ho ory, street, office b	ome, form, oldg , etc)	20f. (City	or town)	(0	ounty)	(State)
21. I certi	ify that I attended the	deceas	ed from APRIC	30	1957,	to 197	15143	0 1952	,that	last saw i	he deceased
alive on_		, 12	, and that d	leath	occurred at	7-80A	M, from	the causes	and an th	ie date s	tated above
ACTUAL SIGNATURE	T. C.Su	mi.	ski	M	176			AUE .	state)		DATE SIGNED
PHYSICIAN'S NAME (Type	7. C. SIa	1111	5K1		700	USO	N	4 1	10.		
220. BURIAL, CRE BURIAL (S BURIAL	MAT ON, 226. DATE THERECO	F SQ	22c. NAME OF CEMETI Prospect H					ION (City town,		((Stole)
	ECTOR'S SIGNATURE	37	ADDRESS	414			BY REGISTI	on, Mary	Land Istrar's sid	MATHER	
	urns' Sons, To	าเเอกท			1						
e Citte 11	WELLO DOLLD'S T	MOOTI	· Lary Lanu			MIGHAY	A 150	1 0.	Thur &	Maria A	





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 tems 18-21 CAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Baltimore D. C. MARYLAND aGo b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Washington Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 63rd & Clay Place Beltway, and Route 40 NAME OF **First** Middle DATE Lost DECEASED (Type or print) DEATH GOLDY BYRON april 6. COLOR OR RACE 7. MARRIED [] NEVER MARRIED [] 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR October 13. 1927 WIDOWED | DIVORCED | Female Colored 10a, USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) Pyt. Clab Charlestown. West Vir. S', arardess 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Georgia Burrell Pages Harry Lowery 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addenss Kenneth IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: Fat embolism complicating multiple traumatic IMMEDIATE CAUSE (a) injuries **DUE TO** Conditions, if any, which gove rise to immediate cause DUE TO (a), stating the underlying couse last. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY Š 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Item 18.) 20g EXTERNAL CAUSE WAS be PRIMARY OF CONTRIBUTING Auto ran off roadway CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or lawn) factory, street, office bldg., etc.) Not while 5. at work at work 5:00 perms 4/20/59 19 21. I certify that I took charge of the remains described above, held an Autopsy [4], Inspection . ed to hief / death resulted from: Natural causes ... Accident 지, Suicide . Homicide ... Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER forwarded to FUNERAL ASSISTANT MEDICAL EXAMINER DEPUTY **EXAMINER'S** Paul F. Guerin. M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Arlington Nat. Cemetery Arlington, Vinginia 5./27./59 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

30 H Street, N. 4

e. IS RESIDENCE ON A FARM?

YES INO I'I

Year

IF UNDER 24 HRS.

Hours

2nd Street. N.W.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES 📆

DATE SIGNED

(State)

NO [

(Stole)

Md.

12 CITIZEN OF WHAT COUNTRY?

Wasn: D.C.

(County)

245, REGISTRAR'S SIGNATURE

Cirilar & Frank

24a. REC'D BY REGISTRAR

DATE APR 2 3 '59

Baltimore

Inquiry . and find that

Months

Days

19 KQ

Min.

VS. A15ME(5) 5M 9/55

may be retained the hospital or attending physician.

TO FUNERAL DIX. DX: After this certificate has been signed by the attending physician and campletely filled in by my funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the register prior to burial, crematian, ar removal, and in any event withy 22 hours after death.

X

death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3063

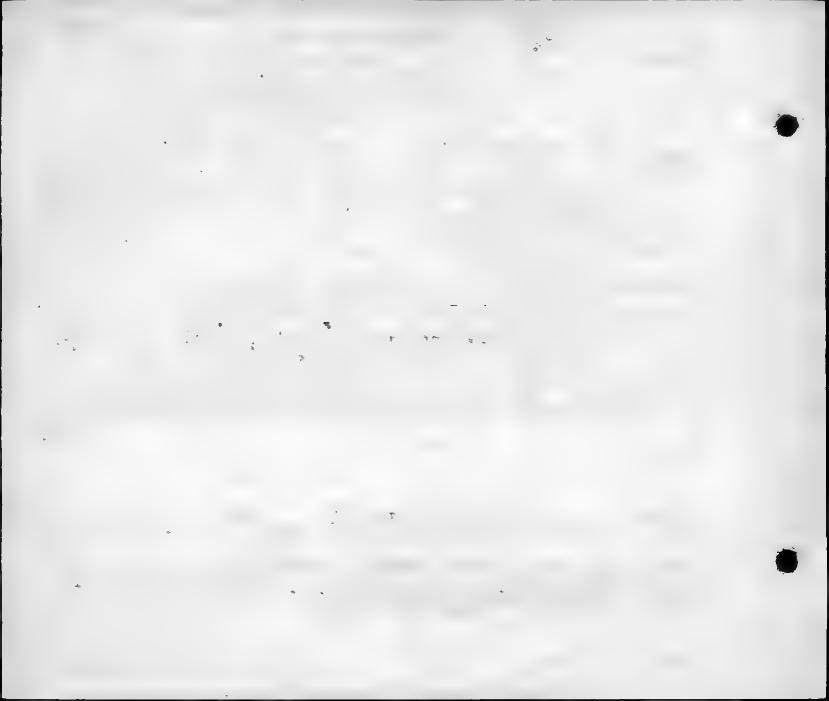
CENTIEICATE OF DEATH

03939

Coulton S. Young

L		0000	CERTIFI	CAII	OF DEATH		Reg.	Dist. No.
	PLACE OF DEATH 6. COUNTY	Baltimore	MARYLAI	- 11 -	USUAL RESIDENCE (Who STATE	ere deceased lived	, If institutions Reside. COUNTY Ba	dence before admission) Ltimore
	b. CITY OR TOWN (II RURAL and give ne PAPK	foutside corporete limits, wr orest town) VIIIO	ite c. LENGTH OF STAY IN	1Ь >	comportown (if of Parkvi	*	nils, write RURAL or	nd give nearest town)
	d. NAME OF HOSPITA OR INSTITUTION	At (If not in hospital, give st 7900 Elmhur	· ·		d. STREET ADDRESS 7900 E	lmhurst	Ave.	e. IS RESIDENCE ON A FARM? YES NO N
3.	NAME OF DECEASED (Type or print)	Frank	Middle LEE	СН	A SE	4. DATE OF DEATH Ap	ril 8	Day Year 19 59
5.	sex mal o		MARRIED NEVER MARRIED OWED DIVORCED		v. 30, 1888	9, AG	E (In years IF UND birthday) yrs.	DER I YEAR IF UNDER 24 HRS II Days Hours Min.
r	during most of work ot-Forem	ing life, even if retired)	106. KIND OF BUSINESS OR I Glidden Pai:		11. BIRTHPLACE (Slote of Philadel			CITIZEN OF WHAT COUNTRY U.S.A.
13.	FATHER'S NAME	Frank Chas				san Lee	1	
		If you give war or dates of service).	16 SOCIAL SECURITY NO. 116-03-7961	17. INFOI Dea		,sister	Address , 1811 D	undalk Ave.2
NOIL	Conditions, if or gove rise to in couse (o), stating I lying couse lost.	nmediate DUE TO (c)	Carcinon	nch	FELATED TO THE TERMIN		DITION GIVEN IN	INTERVAL BETWEEN ONSET AND DEATH 2 4 F S ART 1(0) 19. WAS AUTOPSY PERFORMED?
MEDICAL CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour o m.	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Year 20	hile Not white	e PLACE	oter noture of injury in P DF INJURY (Home, form, street, office bldg., etc.)	20f. (City or to		(County) (Stote)
×	21. 1 certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the dec		MD.	19.5.7 to curred at 7.30		causes and ar	I last saw the decease the date stated abov DATE SIGNE
22	BURIAL CREMATION	N. 226. DATE THEREOF	22. NAME OF CEMETE Oak Lawn	RY OR CRI	MAJORY letery	Baltin	Cry town, or gound	y) (Stole)
23	FUNERAL DIRECTOR'S barles E 631 Breh	. Schimunek	Funeral Hom	le	24o. REC'U	B 1 3 259	246 REGISTRAR'S	SIGNATURE

TO HOSPITAL OR VS ⊞15 (4) 15M 9/55

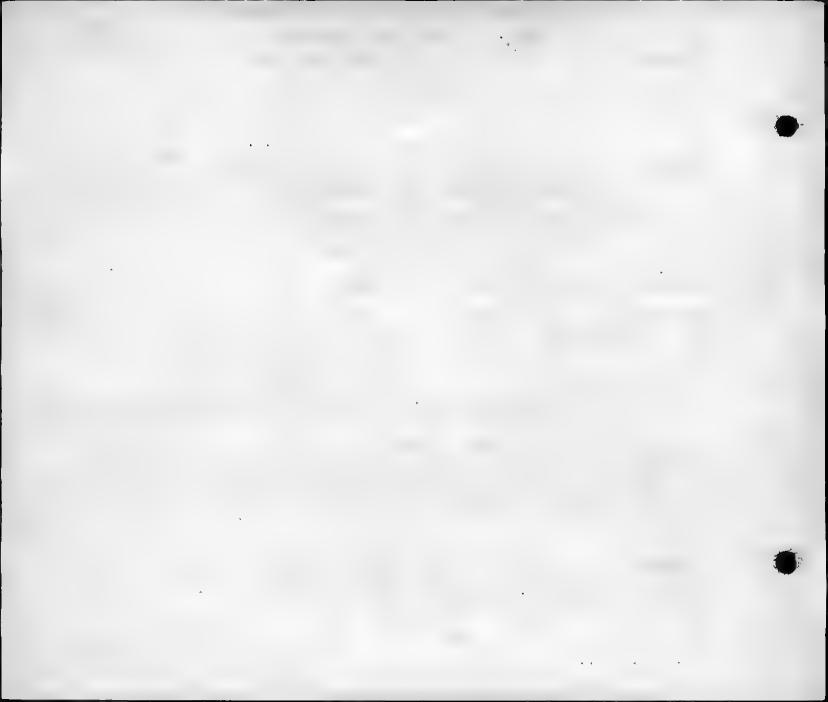


VS A15 (4) 15M 10/57

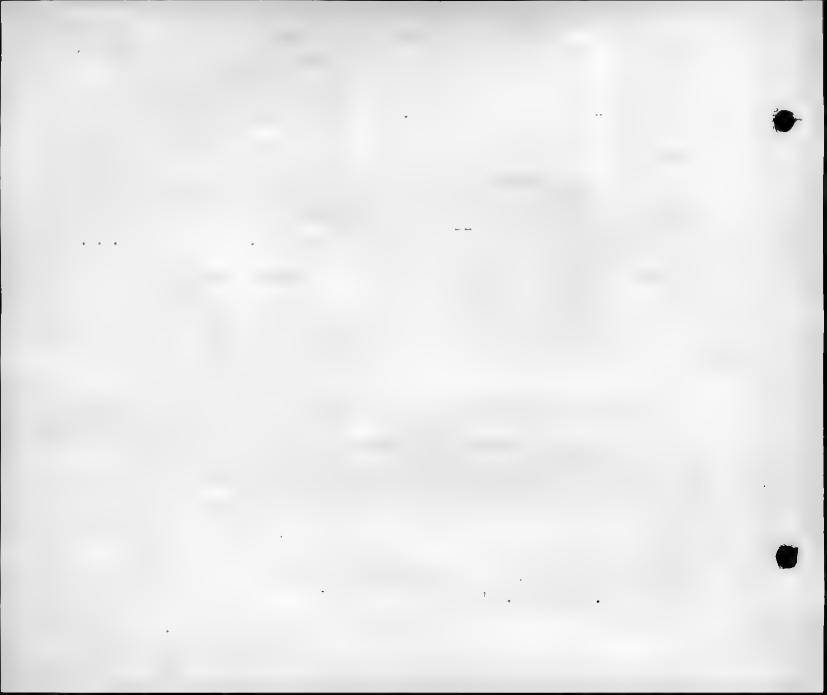
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	3964		CERTII	FICA	ATE OF E	EATH			Reg. Dist]∂∂9 . No.	EU
PLACE OF DEATH	timore		MARYU	AND	o STATE	SENCE (Who	_	ed lived If institut b. COUNTY	ion Residence	before adr	niss'on)
b CITY OR TOWN RURAL and give	(If outside corporate limi	ts, write	c. LENGTH OF STAY I	N 15				orate limits, write l			own)
Fort H			3 Days			Trapp			pt 1 4"		
	ITAL (If not in haspital, a	ive street	oddress)		d STREET A				/ \	e IS	RESIDENCE
	Administra	tion	Hospital								A FARM?
NAME OF DECEASED	Fir	si	Maddle		Los		4. DATE	Mo	oth	Doy	Yeor
(Type or print)	.TAME:	S	L		CHASE		OF DEATH	April		16	1959
SEX			RIED NEVER MARRIE	οПΤ	B. DATE OF BIRTH	1		P AGE (In veors	IF UNDER 1		NDER 24 HRS
Male	Colored	1			April 1	6. 10	2),	last birthday)	Months D	Pays Hou	rs Min
. USUAL OCCUPAT	ION (Give kind of work	done 10b		INDUS	TRY 11, BIRTHPL	ACE (State o	r foreign o	country)	12 CITIZ	EN OF WH	AT COUNT
Farmer	rking life, even it retired	'				rylan					
FATHER'S NAME					14. MOTHER'S					U.S.A	
WHO I H	am E. Chase				D.	ساد الماسية	- D-	1			
	ER IN U. S. ARMED FOR	CES2 16	SOCIAL SECURITY NO.	T17 IN	FORMANT	rphin	e nac		Iness		
Yes no, or unknown)	(If yes, give wor or dates of s	BUARCA)				77 .	4.5				
			17-14-8322	TUL	in. nec.	vet.	Adm.	Hospita	1 Ft H		
1	ATH [Enter only one co	use per li	ne for (a), (b), and (c).							INTERVAL	SETWEEN H
TANTI, DE	IMMEDIATE CAUSE (a	PO	DRIVAL CIRRI	OSTS						UNK	NOWN
20110	DUE TO										
Conditions, if		1									
gave rise to cause (a), stating											
lying couse lost.			_								
5	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEA	TH BUT I	NOT RELATED TO	THE TERMIN	IAL DISEAS	E CONDITION GIV	VEN IN PART	PER	S AUTOPSY FORMED?
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	. (Enter noture of	injury in Po	art I or Por	1 II of item 18.)			
20c. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Yes	While	NJURY OCCURRED Not while time of work	l0e. PLA foci	CE OF INJURY II	lome, form, bldg., etc.)	20f. (Cit	y or lown)	(Co	enty)	(State
21. I certify to	hot Kattended the	deceos	ed from Anril	13	. 19 50	to Ant	-47 T	6 19 50	O thrachts	etransort	andonev
2010/2010/2010		COURT	XXXX and that	death.	occurred of	6-15	M from	n the course			
			ond more	200111	OCCUPITED OF			freel, city or town.		e date sid	DATE SIGN
ACTUAL SIGNATURE	John EN	(VR)	u ford	A	AD. VAH						4/16/
PHYSICIAN'S											
NAME (Type) BURIAL, CREMATIC REMOVAL (Specify	ON, 225 DATE THEREO	F	22c. NAME OF CEMET	ERY OR		PtH	22d. LOCA	MO (City, town,	or county)	(\$	4/16/
Burial	4-19-5	9	Williamsb	urg	Cemeter	V	Will	iamsburg	Mary]	Land	
FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			240. REC D		IRAR 245. REGI	STRAR'S SIGN	IATURE	
Dashials B	uneral Home	East	ton, Maryla	nd		DATEADR	21 5	9 an	Khun S. F	General	





1		1	MARYLAND STATE DEPART	MENT OF HEALTH-BALTIMO	ORE, 18
4 25			3966 CERTIFIC	CATE OF DEATH	Reg. 03042
r. Page directo		1.	PLACE OF DEATH D. COUNTY Baltimbre MARYLAN	2. USUAL RESIDENCE (Where deceased lived. o. STATE Maryland	If institution Residence before admission) COUNTY
# 10 00 18			c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town)	b c. CITY OR TOWN (If outside corporate limit	is, write RURAL and give nearest town)
ab de should	_/	L	Towson- Lyrs.	Baltimore, Marylan	d
in by the	90	L	NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Stella Maris Hospice	d. street Address 518 Glenwood Avenu	e. IS RESIDENCE ON A FARM? YES NO
4 ho			NAME OF First Middle	Lost 4. DATE OF	Month Doy Yeor
fill 2 ges			Type or print) Katherine Cecelia		4 3 19 59
Feb P		5.	TO THE STATE OF TH	Tost k	(In years IF UNDER 1 YEAR IF UNDER 24 HRS pirthdoy) Months Doys Hours Min
nple rers.		100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN	12/8/1871 8	7 yrs
executed corrections of the correction of the corrections of the corrections of the correction of the corrections of the correc		1.00	during most of working life, even if refired)		12. CITIZEN OF WHAT COUNTS
ond Don		13.	Housewife FATHER'S NAME	Baltimore, Maryl	and U.S.A.
te b car		1		Catherine Gold	
rtifica physic smave hours		15.	James Gulleton WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. [1]	Catherine Gold	Address Address
	# /	{Ye	no. or unknown) (if yes, give war or dates of service) None		rigidal spa
Seath ce tending blease re ithin-72	1 /	-	18. CAUSE OF DEATH [Enter only one couse per line (a), (b), and (c).]		INTERVAL BETWEEN
e de e de		П	PART I. DEATH WAS CAUSED BY:	· y (Crehsion	ONSET AND DEATH
the like			IMMEDIATE CAUSE (o) DUE TO	7 07.6.10000	T3-9/3/2.
that the			Conditions if any which \		
ires ned erm			gove rise to immediate		
sign sign and in			couse (a), stating the under-		
s law r shysicid is bean of-trans	0	ATION	PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	UT NOT RELATED TO THE TERMINAL DISEASE COND	
The		CERTIFICAT	20g ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCUI	RRED. (Enter nature of injury in Port I or Part II of ite	YES NO.₽
AN icoh icoh icoh ar		189	206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH CHEER, NOTIFY MEDICAL EXAMINER]		
SICI officer os to contribute		₹	20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e.		(County) (State
PHY or line or nis or use use		MEDICAL	Hour o. m. While Nor while of work of work	factory, street, office bldg., etc.)	, , , , , , , , , , , , , , , , , , , ,
for the care			21. I certify that, I attended the deceased from 2.22.	15 10/4/10 11/201/3	10/19/10/10/10
Africal			411. 1.27	oth occurred at RM, from the c	. 1932 Zithat I last saw the deceas
P 6 6 9 9			die indi dei	ADDRESS (Street, city	
9 7 7		1	ACTUAL SIGNATURE	M.D. 7501	2- RI 7/3/1
DIX DIX	1			of M. O hand and a state of the standing of	-fa
PITAL e reto ERAL 3 shou	·		PHYSICIAN'S NAME (Type) Dr. Charles F. O'Donnell	16311	50784 1787
HOS may b FUN Poge	^	220 T	BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETER' UP1al 4/6/59 Holy Rede		ty, town, or county) (Stote)
O Fig.	A.		urla1 4/6/59 Holy Rede	emer Cemetery Baltin	
VS A15 (4)	\$	1"	Detta of Man Server &	17 / 7/x / A ADD 6 150	246. REGISTRAR'S SIGNATURE Cirthun & House
15M 10/57		<u></u>	4-179 C	DATE PAPER U 33	
			1/1/2/2		



eath: Page 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of

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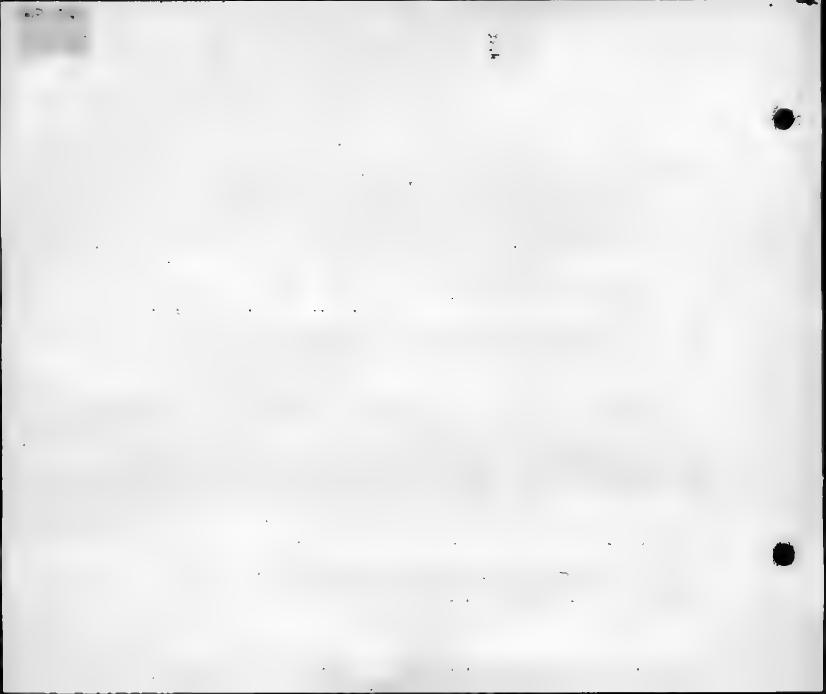
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3967 CERTIFICATE OF DEATH

()3943 Reg. Dist. No.

1	PLACE OF DEATH 6. COUNTY Baltim	ore		MARY	(LAND)	l o. STATE		ere deceased live	d. If institution	n Residence	before ad	mission)
-		autode corporate limit	's well-	c. LENGTH OF STAY		Mary.		rutside corporate	I	177.4.1		
	RURAL and give ne	arest town)	*, *******		114 10			uiside corporare			e nedresi :	iown) 🗸
-	d NAME OF HOSPIT		ve street	29 Days		d. STREET A	imore			91-4	- 16	RESIDENCE
		At (If not in hospital, gi ns Administ			a			Monaste	ry Avei	nue	0	N A FARM?
3.	NAME OF	Fire	st -	Middle		Lo	ıt.	4. DATE	Mont	h	Day	Year
	DECEASED (Type or print)	BEN.	JAMEN	F_		COLLIN		OF DEATH	April	**	22	1959
5	SEX			NEO NEVER MARRIE		B DATE OF BIRT	Н	9. A			YEAR IF U	NDER 24 HRS.
	Male	Colored	WIDOWE	ED DIVORCE		Januar		1712 41	yrs	Months D	ays Had	urs Min
10	during most of work	IN (Give kind of work ding life, even if retired)	lone 10b.	KIND OF BUSINESS O	R INDUS	TRY 11 BIRTHPE	ACE (State	or foreign country	r)	12 CITIZ	EN OF WI	HAT COUNTRY
S	torekeeper	-Social Se	c. Fe	ederal Gove	rnme	ent Balt:	imore.	Maryla	nd	U.	S. A	h.
	FATHER'S NAME					14 MOTHER'S	MAIDEN N	IAME			-	
	Willia	m Collins				Helen	Gamb	rill				
15	WAS DECEASED EVE	IN U S ARMED FOR	ZES? 16.			IFORMANT		···	Addr	ess		-
1"	Yes	" WW III done of the	2	2 15-09- 9268	3 C3	in.Rec.	.Vet.	Adm.Hesp	ital,F	.Howa	rd, M	aryland
	18. CAUSE OF DEA	TH [Enter only one co	use per lir	ne for (a), (b), and (c).								BETWEEN
		TH WAS CAUSED BY: IMMEDIATE CAUSE (6)				TE BACK	WTTH 1	MULTIPLE	MET'AS'	TASTS		ND DEATH
	197.1	DUE TO	do alla digitali			277-4-6-5	******				OTATZI	ACM14
	Conditions, if or	us subjek k										
	gave rise to in	nmediate (DUSTO										
	lying couse lost.	he under-										
Z		ER SIGNIFICANT CONE		ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THETERMI	NAL DISEASE CO	NDITION GIVE	N IN PART I	(a) 12 W	AS AUTOPSY
CATION											PE	RFORMED?
		S UNDERLYING	206. DESC	CRIBE HOW INJURY O	CCURRE). (Enter noture a	f injury in F	art 1 or Part II of	item 18.)		163	400 HO []
CERTIF	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)										
MEDICAL		Month, Day, Yea		JURY OCCURRED	20e. PL/	CE OF INJURY	Home, form	20f. (City or h	own)	(Cox	unly)	(State)
MED	Hour o.m.	19	While of worl	Not while	TOC	tory, street, office	e bldg., elc.	1				
	21. I certify the	ot X attended the	decease	ed from March	1 2	19 59	to Api	ril 22	10.59	That Y Y Y	XXXXX	XXXXXXX
		Y0/00/00/00/00/00/00/00/00/00/00/00/00/0										
	217/217/VAFFAREN			n /	GGGIII	Accounce of		ADDRESS (Street,			udie 31	DATE SIGNED
	ACTUAL SIGNATURE	The KU (will	Vhort		AN VA H		AL,FT. H			AND J	4 4 .
	0			7			arandra an anderstran	22432-6-2-6-2				2.552.26
	PHYSICIAN'S NAME (Type) JO	HN W. CRAW	FORD,	M.D., Acti	ing (hief, P	rofes	sional S	ervice	3		
22	REMOVAL (Specify)	N. 226. DATE THEREO	-0	22c. NAME OF CEME				22d. LOCATION				State)
	Burial	4-24-5	7	Baltimor	e Na	tional		Baltimo		arylan		
123.	FUNERAL DIRECTOR'S			ADDRESS			24a. REC'L	by registrar		TRAR'S SIGN		
L	Troy O. Wi	lson Funer	al Ho	ome,1000 Br	ant!	Ley Ave.	DATEMAY	4 24	and	hun & to	CALLE	
	BeltoMd.											

TO HOSPITAL OR
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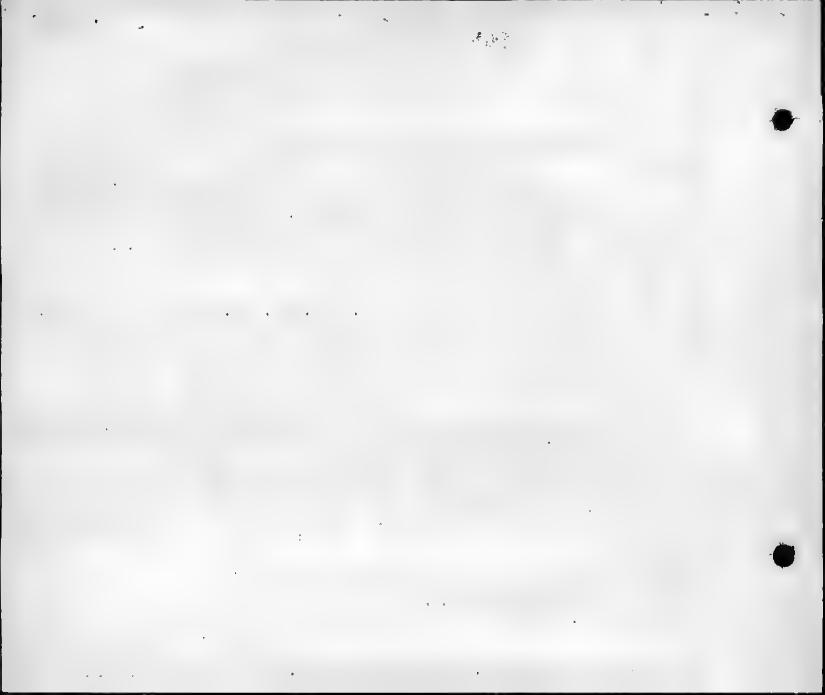
CERTIFICATE OF DEATH

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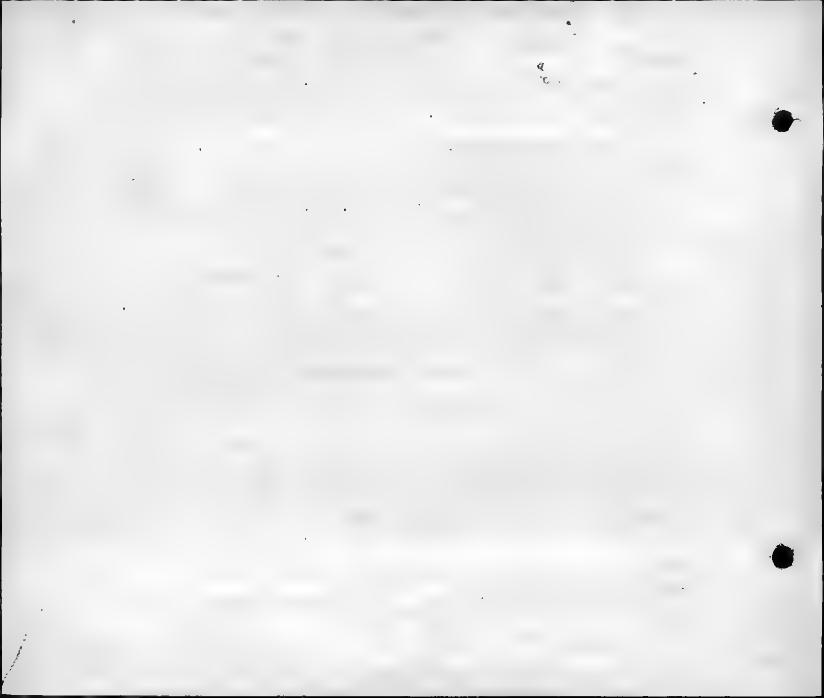
			000						The state of the s	leg. Dist.	No.	
	PLACE OF DEATH o. COUNTY Balt	imore		MARYL	41 .	STATE MA	Where dece		If institution COUNTY	Residence	before admis	is(on)
-	b. CITY OR TOWN (F	f outside corporate limi	ls, write	c LENGTH OF STAY II	V 16	. CITY OR TOWN	(If outside co	rporote lim	its, write RUR	At and give	e neglest tow	m)
	RURAL and give ne	Howard		6 days			ltimore		2	V . /		•
-	d. NAME OF HOSPITAL (If not in hospital, give street oddress)					d. STREET ADDRE		3		X -' "	e. IS RE	SIDENCE
	Veterans	Administra	ation	Hospital		6429 Се	donia	Ave			ON.	A FARM?
3.	NAME OF DECEASED	Fie	st ~	Middle		Lost	4. DA1	Æ	Month		Day	Year
	(Type or print)	GEORG	TE.	W		COMER	OF DEA	TH	Mahrat	VApr.	11 2.	1950
5	SEX		_	HED NEVER MARRIED	8. D/	TE OF BIRTH		9 AGE		UNDER 1 Y	TEAR IF UND	
	Male	White	WIDOWE	ED DIVORCED	DJ	anuary h	. 1923	lost	36 yrs.	Aonths Do	yrs Hours	Min
100	. USUAL OCCUPATION	ON (Give kind of work or ing life, even if retired	done 10b	KIND OF BUSINESS OR			State or foreig	n country)		12. CITIZE	N OF WHA	T COUNTRY
	Carpenter	-		construction	Co	Comers	Rock.	Virgi	nia	U.S.	Δ	
13.	FATHER'S NAME			<u> </u>		MOTHER'S MAIL		1 444 6 4	lar de Alaghy Varia	1 0 10	4.5	
	George T	Comer				Nancy	Corneti	e.				
	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	17. INFOR		0011100	<u> </u>	Address			
	Yes	If yet, give war or dates of the WW II	BLANCO)	227-16-7502	Clin	Recs	Vet. A	dm. Ho	spital	For	t How	ard Mc
	1		use per lir	ne for (a), (b) and (c).]							INTERVAL B	ETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	CHR	ONIC GLOMER	LONEP	HRITIS						known
	543 X	DUE TO										
	Conditions, if a	ny, which) (b)										
	gove rise to in couse (o), stating t	nmediote (****
	lying couse fost.	de unoer-)									
No.	PART II OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE T	ERMINAL DIS	ASE COND	ITION GIVEN	IN PART I	(o) 19. WAS	AUTOPSY
CERTIFICATION	Lert ven	tricular H	ypert	rophy; Coro	nary	Arterios	cleros:	es wit	h nari	,owing	YES	DRMED?
Ĭ	20g. ACCIDENT WA	UNDERLYING CAUSE OF DEATH	28. 63	THE HOW INJURY OF	CURRED. (Er	ter noture of injur	y in Port I or	Port II of its	em 18)			<u>'</u>
15	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
13	20c. TIME OF INJUR	Y Month, Day, Yes	r 20d. II	NJURY OCCURRED 2	Oo. PLACE C	F INJURY (Home,	form, 20f. (City or town	n)	{Cou	enty)	(Stole)
MEDICAL	Hour o.m. p. m.	19	While at worl	Not white	foctory,	street, office bldg.	, etc)				,	,,
-		N N		ed from March	27	, 19 52 _, to	Amond 7	2	٠٠ ٢٥	ade affects after a charle server		
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	10000000000000000000000000000000000000	aaaaaaaaaaa		XXX, and that o	Jeath acc	urred at 24.			Causes and y or lown, sta			
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	SIGNATURE	fr contract		M. V.	M.D.	y.e.H_FT	HOWARI	עוויין פיני			4,	12/29.
	PHYSICIAN'S NAME (Type)	JOHN W. C	RAWFO	RD, M.D.		A State day for this day to you the up you						
220	REMOVAL (Specify)	N, 226 DATE THEREO	F	22c NAME OF CEMET	ERY OR CRI	MATORY	22d. LO	CATION (C	ity, town, or c	ounty)	(Sto	'e)
	Burial	4-6-6	59	Bel Air N	lemori	al Garde	ns Be	L Air.	Maryl	and		
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			REC'D BY REC	GISTRAR	246. REGISTR		ATURE	
L	Im Cook_RI	isht Euner	Tn	6009 Har	ford	Rd Bat PAT	APR 7	'59	On	thun 2	Hours	
-			र ज्यान तर्म	NAME OF TAXABLE PARTY.	A							

death. Page 4 may be retained to hospital ar attending physician.

D FUNERAL DIRES. After this certifical has been signed by the ottending physician and camplelely filled in by the process director, and a should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages I and 2 should be filled with the registrar prior to berial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs off may be retained TO FUNERAL DIRE VS A15 (4) 15M 10/57

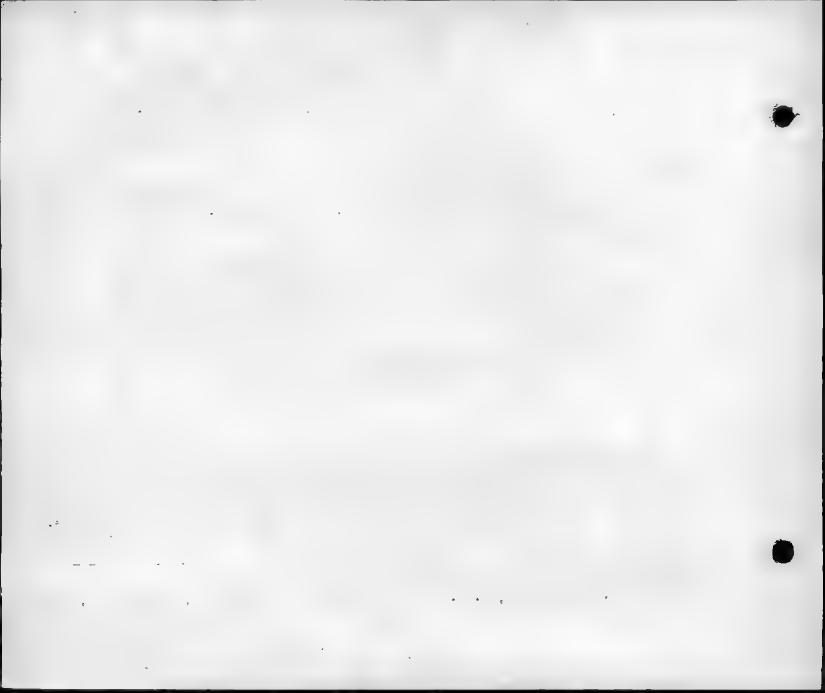


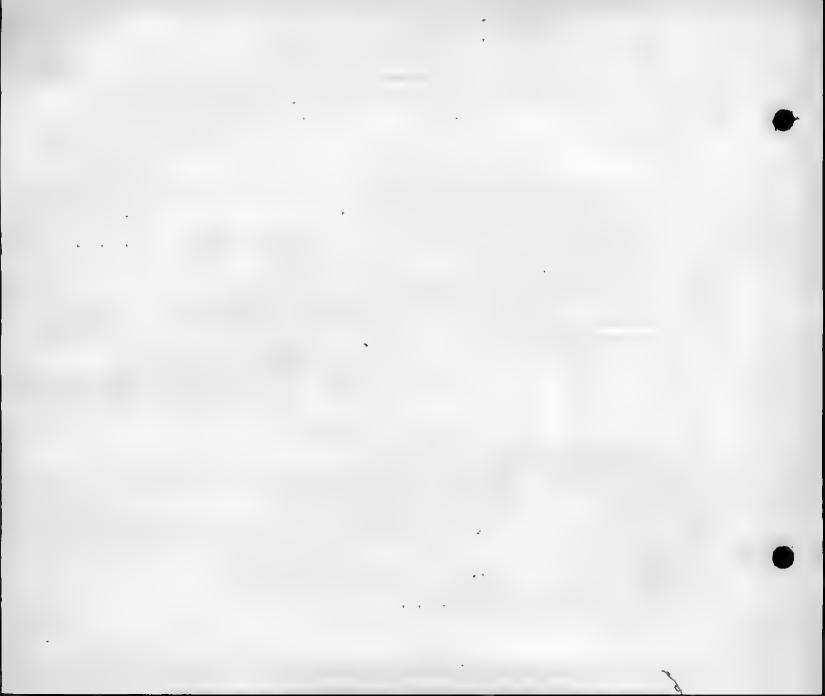
03944 **CERTIFICATE OF DEATH** 3934 l director, filed with death. Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY **b.** COUNTY M MARYLAND Baltimore Md . Beltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) RURAL and give nearest town) Placys Lansdowne Lansdowne Mo d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 26 2206 Alletta Ave. 2206 Alletta Ave. YES TO NO TO Puo Ξ NAME OF First Middle lost 4. DATE Month Day Year DECEASED Edith Gook (Type or print) Eva DEATH April 24. 10 59 S. SEX 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years last birthday) Months Days Hours Jan. Female White 20. 1889 WIDOWED DIVORCED | papers. yrs 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slole or foreign country) during most at warking life, even if retired) 12 CITIZEN OF WHAT COUNTRY? er death Baltimore gud Home Duties carbon 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Warfield Mary E. Thomas move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs Dittman 2206 Alletta Ave. Lansdowne no attending no none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary thrombosis 15 minut 420.1 **DUE TO** Conditions, if any, which Hypertensive-arteriosclerotic CVD vears gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? Colloid goiter YES NO 17 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of item 181 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or Jown) (County) (Slate) Hour o. n. factory, street, office bldg., etc.) While Not white at work at work D. m. 21. I certify that I attended the deceased from Nay 6, 194419, to April 24, 1959, that I last saw the deceased 19. 59 , and that death occurred at 5.20 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE prior 8 Forest Park Ave retained shauld PHYSICIAN'S Kennard Yaffe, M.D. TO FUNERAL Raltimora 7 Manyland ന 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OF CREMATORY 22d, LOCATION (City, lown, or county). (Stote) poge REMOVAL (Specify) 27/59 MD Loudon Park Burial Baltimore 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 APR 2 8 '59 Ordhun & Kraus

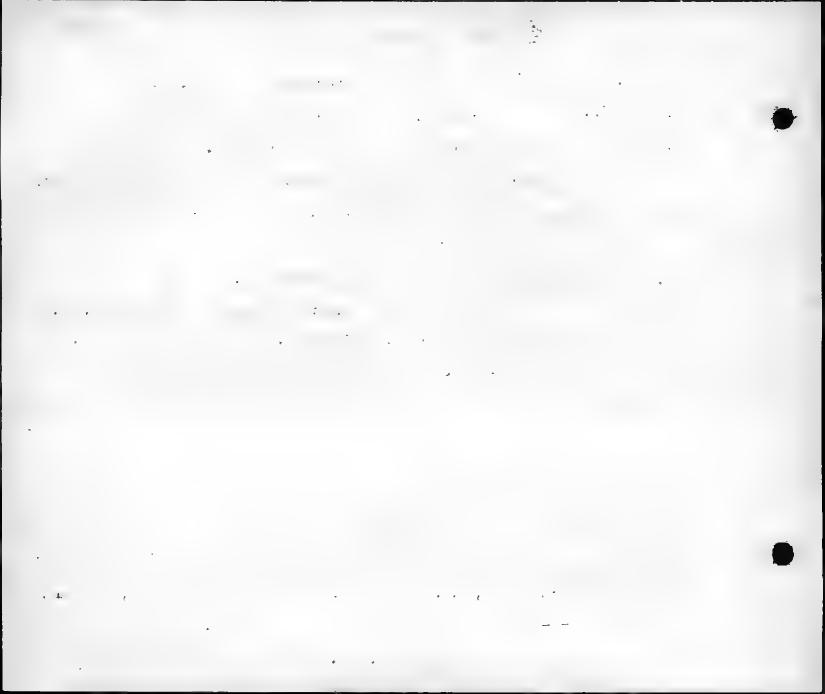


		TMENT OF HEALTH—BALTIMORE, 18 03945
	3969 ' CERTIF	ICATE OF DEATH Reg. Dist. No.
	1 PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	b. City OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Balto.
070	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) or institution Shady Nook Nursing Home	d street Address 3711 Edgerton Rd. d. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First Middle DECEASED (Type or print) WILLIAM CHARLE	S COOK 4. DATE Month Day Year S9
)	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED male White WIDOWED DIVORCED	lost birthday) [Months Doug Maries Miles
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer (rtd) 10b. KIND OF BUSINESS OR I	INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	William V. Cook	Annie Martin
	15. WAS DECEASED EVER IN U. 5. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) (If yes, give war or date of service)	Mr. Wm. D. Cook - 86 Samson Ave., Madison, N. J
	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), [/ Interval Between
	PART I DEATH WAS CAUSED BY: 13 TO THE MY	Brilimonia aboyonset and DEATH
	423.1 DUE TO	
	Conditions, if ony, which gove rise to immediate (b) and was	reller diseas 3 year
	couse (o), stating the under DUE TO advalla	. arterio-selvasis ?
0	5	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES \(\bigcap \text{ NO } \bigcap \)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED (Enter noture of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year Not While Not while of work of twork of twork of twork of twork of two	e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City or lown) (County) (State)
	21. I certify that I attended the deceased from 4010	1954, to Ar 16 1954, that I last saw the deceased
	alive an 100 19 29 and that de	eath accurred atM, from the causes and on the date stated above.
1	ACTUAL SIGNATURE SCHOOL SUBJECT STATES	M.D. 450 8 7/1 Charles (Street, city op fown, state) DATE SIGNED
	PHYSICIAN'S Water & Millett	
	220. BURIAL CREMATION. 22b. DATE THEREOF 22d. NAME OF CEMETER	15,000
	Burial 4/18/59 Loudon Pa	Balto., Md.
	Jan. J. Vickner & Sous- 6	pale 17 DAAPR 2 0 '59 Only S. House
		Med









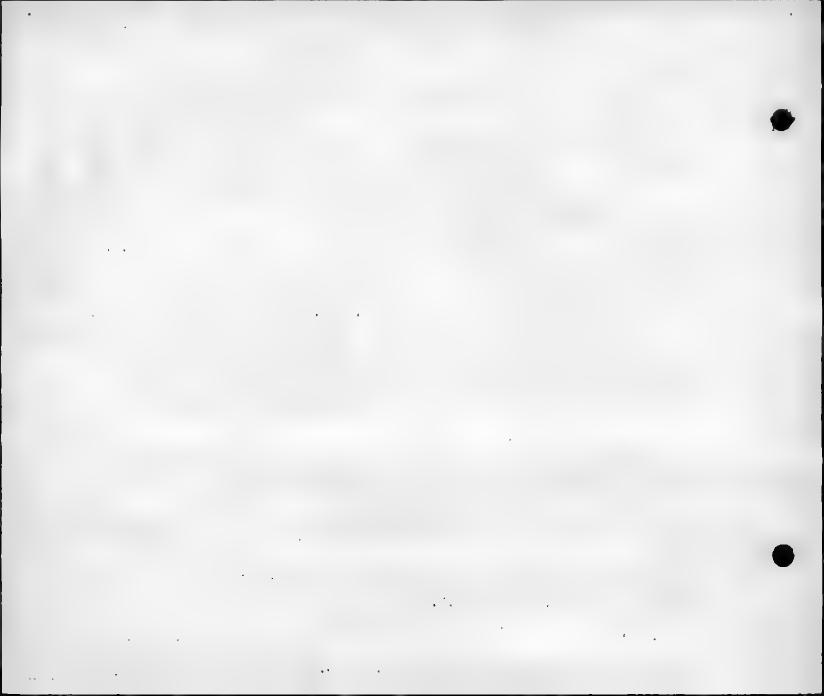
03e 4		TO FUNERAL DIRECAL. After this certificate has been signed by the attending physician and campletely filled in by the eral director,	page 3 should be detached for use as the burial-transit permit. Then please remove carbon page?5. Rages 1 and 2 should be filed with	
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4		ol div	e file	
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TO?	oy b	F.	960	44.4
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VS A15 (4) 1SM 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
3973	CERTIFICATE	OF DEATH	

()3949 Reg. Dist. No.

1 PLACE OF DEATH 0, COUNTY					2 USUAL RESID	ENCE (WM	ere decease			esidence befo	re admiss	ion)	
	Baltimore MARYLAND						O. STATE B. COUNTY						
b. CITY OR TOWN (If RURAL and give nea	autside corporale limits, rest tawn)	ENGTH OF STAY	IN 15				orate limits, writ	RURAL	and give ne	arest town	ol .		
Fort	Howard		23 Day	78	Bal	Ltimo	re		3 V		-4-		
d NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, give	PSS)		d. STREET AD	DRESS					e. IS RES	IDENCE FARM?		
Veterans	Administra	tion I	dospital		622	2 Sti	rling	St			YES 🗀	NO T	
3. NAME OF DECEASED	First		Middle		Last		4. DATE OF	h	Aonth	Do	ay .	Year	
(Type or print)	FRA		A		CURETON		DEATH	TIPLE		16	5	1959	
S. SEX	6. COLOR OR RACE 7.	· MARRIED	NEVER MARRI	D 🔲 🖟	3. DATE OF BIRTH			9 AGE (In year lost birthdo:	IF U	NDER 1 YEAR			
Male	Colored W	/IDOWED 🗀	DIVORCE		March 6	, 189	3	66	rs Mai	nths Days	Hours	Min.	
10a. USUAL OCCUPATION	(Give kind at work dan ig life, even if retired)	ne 10b KIND	OF BUSINESS O	R INDUS	TRY 11 BIRTHPLA	CE (State o	ar foreign C	ountry)	1	2 CITIZEN C	F WHAT	COUNTRYS	
Aide	y ma, area in territori	Sar	nitorium		No	cth Ca	aroli	na		U.S.A			
13, FATHER'S NAME					14 MOTHER'S	MAIDEN N	AME		1				
Frank A	Cureton				Mai	cy St	eel						
15. WAS DECEASED EVER	IN U.S. ARMED FORCES		AL SECURITY NO	17 IN	FORMANT			- 1	ddress				
Yes	WWI		-07-LOL6	C1:	in. Rec.	Vet .	Adm H	ospital	Ft.	Howard	. Md		
	H [Enter only one couse									LINT	ERVAL BE	TWEEN	
PART I DEAT	PART I DEATH WAS CAUSED BY: DEPOSITE AND DEATH												
1 X	MMEDIATE CAUSE (a) DUE TO	A PIRTURE	DODID' I		מוועע דיין	OBUSEL	XINPLES A	ACTIMET			OW	ZTACAN IA	
Conditions if any													
Canditions, if any	mediate (~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 										
cause (a), staling th	e under-												
lying cause lost) (c)												
	R SIGNIFICANT CONDIT			ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION	Stven in	V PART 1(0)	19. WAS PERFO	AUTOPSY RMED?	
3	Biabet	es Mel	litus								YES 🔲	NO 🔀	
200 ACCIDENT WAS OR CONTRIBUTING I	UNDERLYING [] 20 I CAUSE OF DEATH EDICAL EXAMINER)	b. DESCRIBE	HOW INJURY O	CCURRED	. (Enter nature of	injury in P	art 1 ar Poi	t 11 of item 18.)					
\$ 20c TIME OF INJURY	Manth, Day, Year	20d. INJURY	/ OCCURRED	20e. PLA	CE OF INJURY (H	ome form.	20f (Cib	r or Idwn)		(County)		(State)	
70c TIME OF INJURY Hour o. m.	19	While _	Not while	foci	lary, street, office	bldg., etc.)	(400)	,		(Coomy)		faionel	
	TO A	at wark 🗌					<u>.i</u>						
	txattended the de												
MUSE EDUCACIO	00000000000	් දිපපපස	and that	death	accurred at_	3:10A	M, froi	m the cause	s and	on the da	te state	ed obave	
,	1 1	1	+ 2/			A	DORESS (S	treet, city ar tov	in, state))	D/	ATE SIGNED	
SIGNATURE	601666	, the p		A	A.D. VAH	Rt. Ha	sard.	_Ma				4/16/9	
PHYSICIAN'S		/	1				naz a y						
NAME (Type)	JOHN W. CR.	AWITORIT	M.D.										
22a BURIAL, CREMATION REMOVAL (Specify)	226. DATE THEREOF	220	. NAME OF CEME	TERY OR	CREMATORY		22d LOCA	TION (City low	n, ar cal	uniy)	(Stat	=)	
Burial	4/20/5	9 B	altimore	Nat	ional			Balt	ວ່າ mor	re. Md			
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			240 REC'D	BY REGIS		GISTRAF	'S SIGNATU	RE		
Arlington	S Phillins	1808	N Monore	St.	Palto.	DATE A	PR 21	'59	an	lus & H	Caled		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3974 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** Reg. Dist. No. EALTH DEPT. 2. USUAL RESIDENCE (Where deceated lived. If institution Residence before admission PLACE OF DEATH a. COUNTY MARYLAND b. CITY OR TOWN (If owtside corporate finite, write EURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give neglest town! d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION. (If not in hospital, give street address) 3. NAME OF First Middle 4. DATE Month DECEASED (Type or print) DEATH George 9 AGE in years 5. SEX 7- MARRIED T NEVER MARRIED T 8. DATE OF BIRTH IF UNDER TYEAR, IF UNDER 24 Months 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? puo 13. FATHER'S NAME DONT DONT 15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 18 CAUSE OF DEATH. [Enter only one couse payyine for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse DUE TO (o), stating the underlying couse last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLLY. WAS AUTOPS. 200, EXTENSIA GAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH. 205-DESCRIBE HOW INJURY OCCURRED (Enterpredions of injury in Part I or Part II of item 18.) Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f, [City or town) 20c. TIME OF INJURY Not white J foctory, street, office bldg , etc.) at work | at work | [] 21. I certify that I took charge of the remains described above, held on Autopsy 🗍 , Inspection 🏳 CTOR opinian death resulted fram. Natural causes . Accident . Suicide . Hamicide . Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 17 220 BURIAL CREMATION, 226 DATE THEREOF 22d LOCATION (City, lown, or county) 22c NAME OF CEMETERY OR CREMATORY REMOYAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE ATSME

FUNERAL HOME-

IS PESIDINGE ON A FARM? YES IN NO IX

19 %

PERFORMED? YES T

(County)

DATEAPR 7

DUNDALE

NO

(State)

and in my

DATE SIGNED

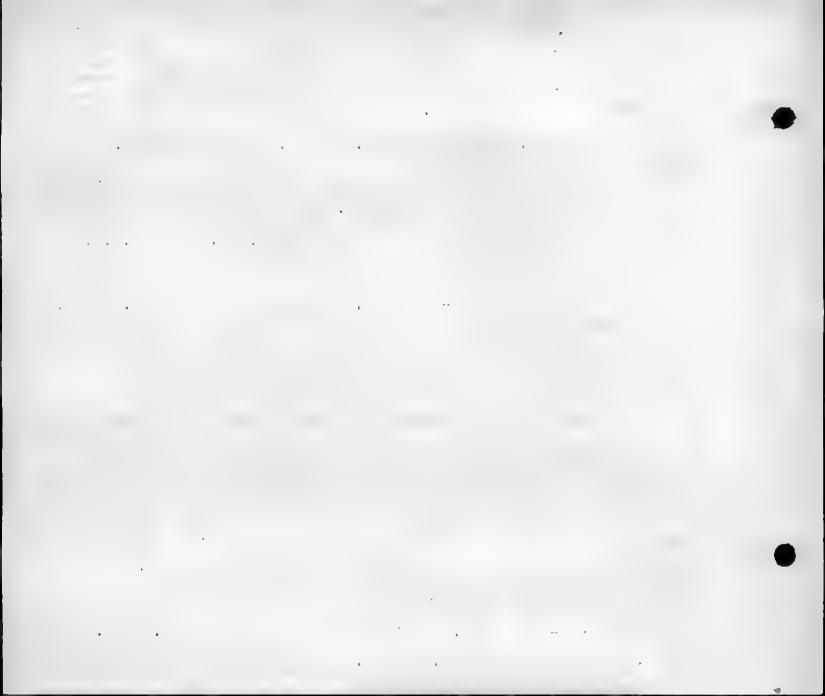
(State)

Hours



eg 2			397	5	CERT	TIFIC/	ATE OF E	PEATH	4		Reg. Dist	3,95	1
1	1.	PLACE OF DEATH o. COUNTY	Baltimor	•	MAI	RYLAND	2 USUAL RESII G. STATE M	ence (WI	ere decemed lived	I. If institution b. COUNTY	Residence	before od	lmission)
		EURAL ROSSO	outside carporate limi (et 100m) (et 100m)	is, write c	LENGTH OF STA	Y IN 1b		own (if a	outside corporate li	mits, write RU	RAL and gi	ive nearest	town)
		OR INSTITUTION	AL (If not in hospital, g 7929 E			rst :	/ d. STREET A		Thirty	Firs	t St		RESIDENCE N A FARM? S NO S
	- 1	NAME OF DECEASED (Type or print)	Vincent	_	seph Midd	-00	enowski		4. DATE OF DEATH	April		23,	Year 19 59
	5. S	sex (a.le	6. COLOR OR RACE White	7. MARRIED	_		Jan. 1		898 9. 40			YEAR IF U	NOER 24 HES
	Me	USUAL OCCUPATION	N (Give kind of wark and life, even if retired	done 106, KII	ND OF BUSINESS	OR INDU			or foreign country			S.A.	HAT COUNTS
	13.	FATHER'S NAME	Toseph Cz	esnow	ski		14. MOTHER'S		lia ?				
	1S. [Yes	WAS DECEASED EVER	None dated		CIAL SECURITY N		nformant PB. Mg/I	y Cz	esnowsk	1 792		31	st.
		PART I. DEAT Canditions, if an gave rise to in cause (o), stating t lying cause last.	he <u>under-</u> DUE 10)	gere offer	'ed	Uga Urse	cuh m s	Meen	let.		ONSET A	L BETWEEN NO DEATH
	CERTIFICATION		ER SIGNIFICANT CON	DITIONS <u>CO</u>	NTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE CON	idition give	N IN PART	PE PE	AS AUTOPSY RFORMED?
		20a, ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY /	UNDERLYING U CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY	OCCURRE	D (Enter nature a	finjury in l	Part I at Part II of	item 18.)			
	MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Yes	or 20d INJU While at work	IRY OCCURRED Not while of work	20e PL/ for	ACE OF INJURY II story, street, office	Home, form bldg., etc.	20f (City or to	wn)	(Cc	ounty)	(Stale
-		21. I certify that I attended the decrosed from 1956, to 1956, to 1956, that I lost saw the decease alive on 1956, to 1956, to 1956, that I lost saw the decease alive on 1956, to 1956, to 1956, to 1956, that I lost saw the decease alive on 1956, to 1956, that I lost saw the decease alive on 1956, to											
É	220	PHYSICIAN'S NAME (Type) Surial, CREMATION			B, M.D. 12c. NAME OF CE	METERY O	R CREMATORY	100	22d LOCATION			-	State)
	F	REMOTAL Lescità)	4-27-19	59	St. Sta	nis:	laus		Dundal	k Ave	• 1	Md.	
		funeral director's phn J. D u		Hudso	n St. 2	24. 1	Md.		D BY REGISTRAR	24b REGIST	RAR'S SIGI	NATURE	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



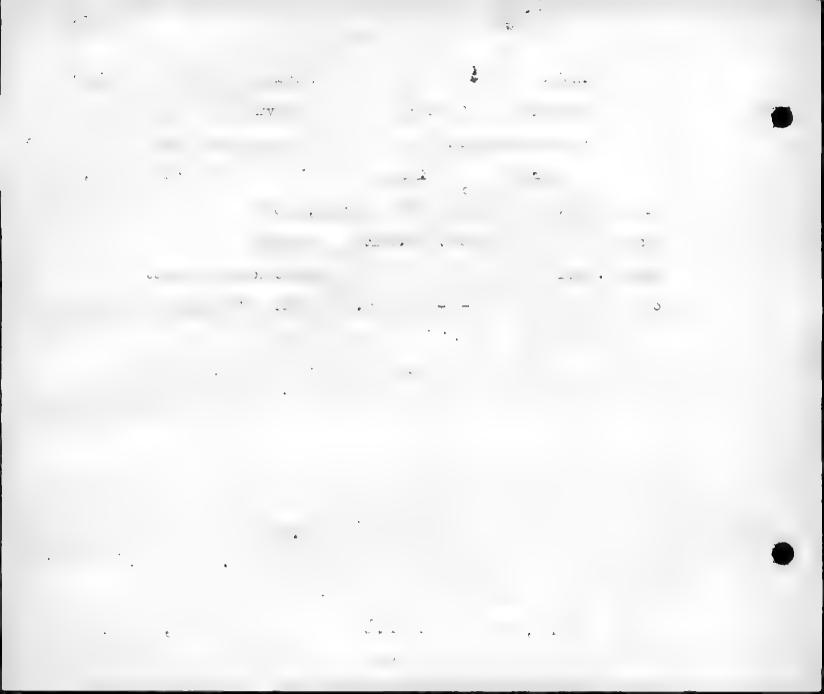
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3978medical examiner's certificate of Death cramatian, Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY 13421C MARYLAND burial, b. CITY OR TOWN III outside corporate limits, write PURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate timuts, write RURAL and give negrest town) - h 1+177 HALL. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? CLANINS ibild inst 5 YES NO P NAME OF DATE Middle DECEASED DEATH (Type or print) 19 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH lost berthday) Months Days Hours Min. WIDOWED [DIVORCED [Mrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) COVERFIE LA MOKER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: SUNSHOT WOUND IMMEDIATE CAUSE (a) 6 X **DUE TO** Canditions, if ony, which alang gove rise to immediate couse **DUE TO** (o), stating the underlying ₽ couse lost. pending in 0 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS CERTIFICATION ő PERFORMED? NO P 20g EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enler noture of Injury in Part I or Port II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not while O. M. ot work ot work p. m. Inspection A Inquiry It and find that 21. I certify that I took charge of the remains described above, held an Autopsy ... PETTOR: Suicide . Homicide . Undetermined couse . death resulted from: Natural couses , Accident , DATE SIGNED CHIEF MEDICAL EXAMINER forwarded to ASSISTANT MEDICAL EXAMINER remayal 1 EXAMINER'S 60/ DEPUTY MEDICAL EXAMINER TH NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) 23. PUNERAL DIRECTOR'S SIGNATURE 246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE 5M 9/5S



/ 1	.,	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	13
* -	+>	3977 CERTIFICATE OF DEATH	3
ge II (V	Keg. Dist. No.	
Page directa led wit		1. PLACE OF DEATH O. COUNTY O. STATE 100 (1) b COUNTY MARYLAND O. STATE 100 (1) b COUNTY	\$\$1001
4 F	A.	Baltimore County MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest for	COUNT
offer death. Pa		Mt. Wilson, Maryland	²⁰
Short Short	002.	d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS	ESIDENCE A FARMS
in by	UU N.	- NASE - 「サアクラー - 11 April - 11 April - 12	NOT
n 24 ha illed in jes 1 an		3 NAME OF DECEASED (Type or print) / HC'MAS ALBERT DEAKINS III DEATH APRIL 26	Yeor 1957
athir Pog		5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNIT lost by Indoy) Months Days Hours	
Plet S		MALE VIAILE WIDOWED DIVORCED Dec 23 1712 4 yes.	s Min
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e be	I)	13. FATHER'S NAME THOMAS A DEAKING 14 MOTHER'S MAIDEN NAME DEAKING 15 PACKED TO N	
rhficate t physician move car hove-cat		Miny Edger, on	*
erth Parente P		(Yes, no, or unknown) (fif yes, give wor or deter of service)	as as an all the as
death of tending please		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	
witten dec		PART I, DEATH WAS CAUSED BY	D DEATH
the her		163X DUE TO CAUSE (6) CALL TO MA THE MAN	~~~
that by I		Condition is an untity	
a Parie d		gove rise to immediate	
sign in		lying couse lost.	
Sicia een rans		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS	AUTOPSY
physical phy		FI TO A STATE OF THE PERF	ORMED?
ing ing the houri		206 ACCIDENT WAS UNDERLYING TO 206 DESCRIPT HOW INTURY OCCUPAND IN THE PARTY OF THE	
IAN fica fica the		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
r att certion		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m. 20f. (County) While Not while all work of	(Stote)
PH ala ala shis r usa emo		While Not while toctory, street, office bldg., etc.)	
NG Per C		21. I certify that I attended the deceased from 2/19 1957, to 4/26 1957, that I last saw the	deceased
No he he be		alive an 1/26, and that death accurred at 15 M, from the causes and an the date stall	ted above
deto the track		ADDRESS (Street, city or town, state)	DATE SIGNED
os de la prior		SIGNATURE MD. Mt. Wilson, Maryland	
retains RAL Dis should	1	PHYSICIAN'S	
OSPITAL De reta JNERAL e 3 shoul	,	NAME (Type) William Newcomer, M.D. Superintendent	
		220 BURIAL, CREMAT ON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Ste	ole)
O O O		Burial 14/29/59 Imuid Ridge Cem Pikesville, Md. 23 FUNERAL DIRECTOR'S SIGNATURE. // ADDRESS // LANGUAGE PEGISTRAR SIGNATURE	
VS A15 (4)		The state of the s	
15M 10/57		MW1. J. MWILL Statt - Padle / DATE APR 27 '59 artem & Hours	
		1/	



STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03954 **CERTIFICATE OF DEATH** Rea. Dist. No director 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) . COUNTY o. STATE b. COUNTY MARYLAND **Baltimore** Maryland Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Pikesville Pikasville vears d. NAME OF HOSPITAL (If not in haspital, give street address) STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 20 YES 🗍 NO 📆 7506 Seven Mile Lane 7506 Seven Mile Lane е. NAME OF 4. DATE First Middle Lost Manth Day Year filled nes 1 (DECEASED DEATH April 1959 (Type or print) William Del 1 George IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED B DATE OF BIRTH 9. AGE (In years te/ last birthday) Months Days Hours WIDOWED | DIVORCED | Male White executed 10o. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? 8 Procter & Gamble Maryland USA Manager 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George E. Dell Annie Louise Triplett physici INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 7506 Seven Mile Lane attending No Mrs. Ruth Dell CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ā PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o 420.0 DUE TO É CTYOCARDIAL Conditions, if ony, which has been signed gove rise to immediate DUE TO couse (a), stating the underlying couse lost OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? buriol-tr YES 🗍 NO 🎜 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home form, 20f. (City or town) (County) (State) Doy, Year foctory, street, affice bldg., etc.) Hour a. m. Not while While at wark of work 21. I certify that I attended the deceased from ANUARY 17, 1958, to APRIL 2, 1959, that I lost sow the deceased and that death occurred atla 30PM, from the couses and on the date stated above. TO FUNERAL DIRECTOR: page 3 shauld be detact ADDRESS (Street city or town, state) ACTUAL puod SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (State) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Druid Ridge Burial Pikesville. Maryland 24b, REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24d REC'D BY REGISTRAR Burgee Funeral Home VS A15 (4) 3631 Falls Road APR 6 arthur & Kines 15M 9/5B



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No

Months

Baltimore

e. IS RESIDENCE

NO F

Year

1959

YES

Hours

INTERVAL BETWEEN ONSEJ AND DEATH

PERFORMED?

YES NO T

(Stota)

DATE SIGNED

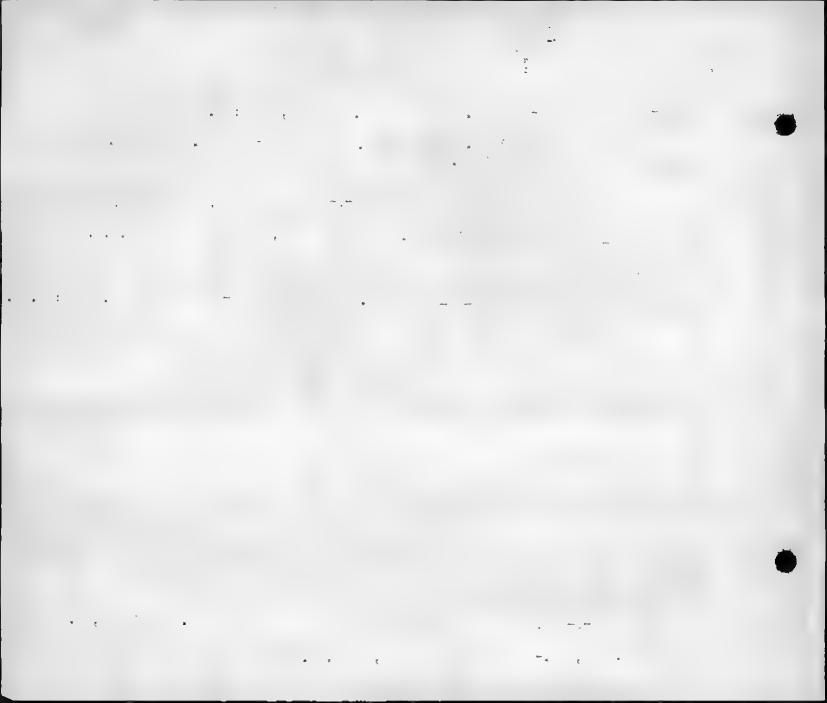
12. CITIZEN OF WHAT COUNTRY?

IF UNDER 1 YEAR IF UNDER 24 HRS

U.S.A.

(County)

VS A15 (4) 15M 9/S5



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

William or 11 Mrs.

May 1, 18 ...

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CERTIFICATE OF DEATH 3982 director. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived 11 institutions Residence before admission) . COUNTY Pali b. COUNTY MARYLAND ltimore Raltimore Marvland 14 death ero b. CITY OR TOWN (If autside carporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) shavid Catonsville Catonsville d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d STREET ADDRESS . IS RESIDENCE ON A FARM? 23 YES NO D Oakdale Ave Oakdale Ave pug .5 NAME OF DECEASED 4. DATE First Middle Lost Month Day OF DEATH (Type or print) EDWARD NETSON DOYLE SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) Months Days Hours Oct.20,1910 WIDOWED [DIVORCED IT papers. Male 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Catonsville . Md Salesman pup corbon 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician Dovle Anthony Sarah Courtney геточе 15 WAS DECEASED EVER IN U. S ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Blanche Doyle, Catonsville, Md attending WW Yes 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) 4201 **DUE TO** þ Conditions, if any, which gave rise to immediate DUE TO cause (o), stating the underlying cause last. burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAXED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES 🗍 NO 🗍 20a. ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH S 20c. TIME OF INJURY 20s. PLACE OF INJURY IHome, form, Manth. Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg , etc.) Hour a. m. While Not while at work of work 21. I certify that I attended the deceased from, 1955.that I last saw the deceased and that death accurred bt. a DPM, from the causes and an the date stated above. ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE FUNERAL DI PHYSICIAN'S 50 NAME (Type) 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Baltimore National Baltimore. Md o 23. FUNERAL DIRECTOR'S SIGNATURE **ADORESS** APR 2 PEGISTRAR 24b. REGISTRAR'S SIGNATURE 240. F.C. Higinbothom, Ellicott City, Md Orthor of Haux VS A15 (4) DATE 15M 9/55

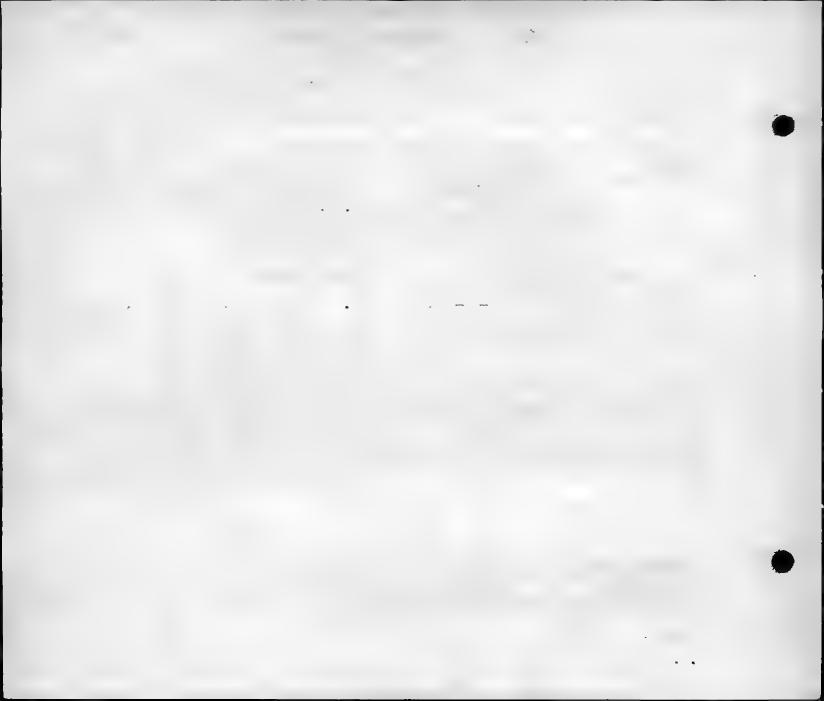
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Year

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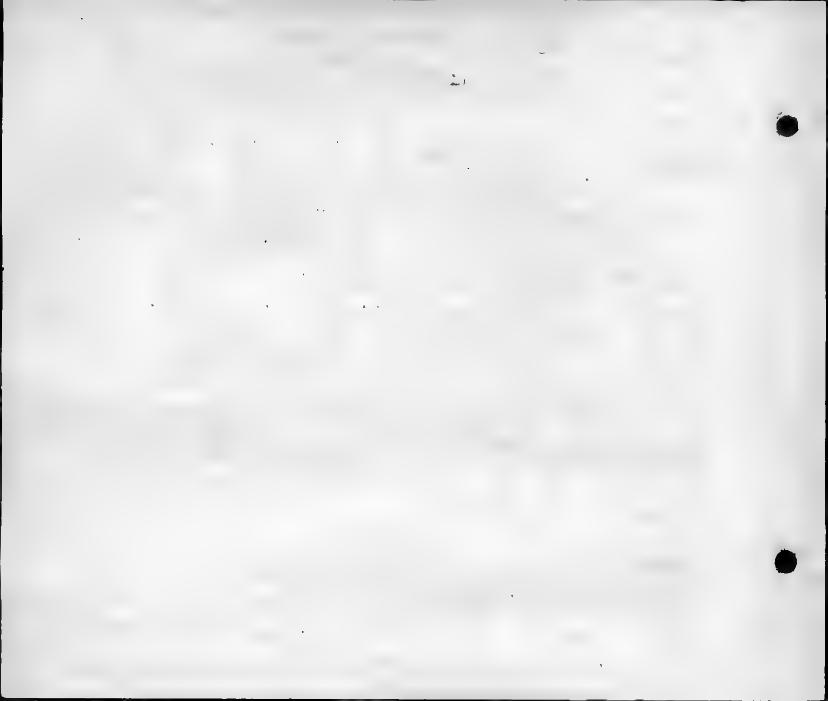
(Stole)

DATE SIGNED



ů.	3983 CERTIFICATE OF DEATH	()3959 Reg. Dist. No.
	PLACE OF DEATH a. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution of STATE Maryland b. COUNTY b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if autside carporate limits, write RUI	Baltimore
hauld be	RURAL and give nearest town) Towson Towson	
d 2 sb	d. NAME OF HOSPITAL (IF not in hospital, give street address) OR INSTITUTION 419 Stevenson Lane 419 Stevenson Lane	e. IS RESIDENCE ON A FARM? YES NO 2
3. 5. 5.	NAME OF DECEASED (Type or print) Mrs. Anna Louise Dumler DEATH April	1 / 40 1 20
5.		FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
death.	USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during grout of working life, even if retired) Housewite	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME William Trost Mary?	
72 hour	i. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address of surface of services	same
at within	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Outer Cause Caratur Alang dislane	INTERVAL BETWEEN ONSET AND DEATH
any eve	Conditions, if any, which gave rise to immediate (b) Dealectes + ago	15 gm +
ui puo	tying cause last. DUE TO (c)	N IN PART 163 19. WAS AUTOPSY
Or removel and		PERFORMED? YES NO
5 2		(County) (State)
remotion,		(County) (State)
urial, c	21. I certify that I attended the deceased from fully 1948, to My 1959 alive an 1165 3, 1958, and that death accurred at 116 M, from the causes ar	(that I last saw the decease id on the date stated abov
prior to b	ACTUAL SIGNATURE Town Liker & Folia MD. 2029 N. Charles	Ballo 18, h
Strong St	PHYSICIAN'S Franklin E. Leslie	
	20. BURIAL CREMATION, 22b. DATE THEREOF 2c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or Burial 4/22/59 Holy Redeemer Cem. Baltimore	, Maryland
4)	1 Suneral Director's Signature ADDRESS 240. REC'D BY REGISTRAR 246. REGIST 246. REGIST	rar's signature

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





requires that the death certificate be executed within 24 hours often

and campletely filled in by bon papers. Pages 1 and 2

the attending physician and can Then please remove carbon pap event within 72 haurs after death,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2004

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	อัสอัง CERTIFIC	ATE OF DEATH	Reg. Dist. No.
	o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if inst o. STATE b. COUR	
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore LIFE	c. CITY OR TOWN (If outside corporate limits, wri	te RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INS2428 Brunswick Road	1 d STREET ADDRESS 2428 Brunswice	e. IS RESIDENCE ON A FARM? YES NO 12
3	NAME OF DECEASED (Type or print) Harry Rich and	Eckman 4. DATE OF DEATH App	Month Doy Yeor
	SEX 6. COLOR OR RACE 7 MARRIED NIEVER MARRIED		POTS IF UNDER 1 YEAR IF UNDER 24 HR5 DY) Months Doys Hours Min
	oa. USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR IND during most of working life, even if retired) Wash. Term. Di	USTRY 11 BIRTHPLACE (Stote or foreign country) v. Baltimore Md	12 CITIZEN OF WHAT COUNTR
	Harry Eckman	Amanda Tre	zie
15	was deceased ever in u. B. Armed Forces? 16. Social security No. 17 (92, 10. or untropyr) (If yes, gits wor or dotes of service) 718 - 14.9264	Mrs. Hazel Eckman 2	Address 1928 Brugskick
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	al Infarction	INTERVAL BETWEEN ONSET AND DEATH
ı	Conditions, if any, which)		
ı	gave rise to immediate couse (a), stating the <u>under-lying couse last.</u> DUE TO		
CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
CEPTIE	206. ACCIDENT WAS UNDERLYING DON'T CONTRIBUTING CAUSE OF DEATH OF ETHER, NOTIFY MEDICAL EXAMINER;	ED (Enter nature of injury in Part I or Part II of item 18.)	
MEDICAL	20c TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e. P Hour o. m. While Not while of work of twork of two the control of two two the control of two	PLACE OF INJURY IHome, form, 20f (City or town) octory, street, affice bldg., etc.)	(County) (State)
	21. I certify that I oftended the deceased from 10 and that Heat		1. that I last saw the deceases and on the date stated above
	ACTUAL Elleworth Coh	ADDRESS (Street, city or to	
	PHYSICIAN'S E. Ellsworth Cook	Balto 18 Ms	-4.56
27	BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OF CAMETERY OF CEMETERY OF CEMETE		· · · · · · · · · · · · · · · · · · ·
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS		EGISTRAR'S SIGNATURE
	Howard H. Hubbard 4107 Wilkess I	Avenue DATAPR 2 2 159 C	Inthun 2. House

the registror prior to burial, cremotion, ar removal, and in any may be retained by hospital or attending physicion.

TO FUNERAL DIRECTAY: After this mentificate has been significate has been significant by a second of the page 3 should be detached for use as the burial transit TO HOSPITAL OR VS A15 (4) 15M 10/57

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1 45.	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
7	3986 CERTIFICATE OF DEATH Ros. DI	13962 ist. No.
directo	1 PLACE OF DEATH. G. COUNTY BALTINORE MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution Residence of STATE MIRELLAND b. COUNTY BAL	TIMERE
to see a	b. CITY OR TOWN (If outside corporate limits, write RURAL and RURA	give nearest town)
by the day the	d NAME OF HOSPITAL (if not in hospital, give street oddress) OR INSTITUTION TO SEWOOD STATE TRAINING SCHOOL 7505 LANGE STREET	e IS RESIDENCE ON A FARM? YES NO THE
. 24 hau	3 NAME OF DECEASED (Type or print) First ROBERT SOLER OF DEATH APRIL	Day Yeor 6 19.59
within Page	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years lift UNDER tost birthday) Months	1 YEAR IF UNDER 24 HRS.
uted imple pers.	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11) BIRTHPLACE (State of foreign country)	TIZEN OF WHAT COUNTRY
and co	NOYE - MARYLAND L	1. S.A.
ate be carb	13. FATHER'S NAME EDWARD L. EDLER ANNA MYRTLE MA	MED
physical phy	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFO 11/11 INFO INFO 11/11 INFO INFO 11/11 INFO 11/11 INFO 11/11 INFO INFO INFO INFO INFO INFO INFO INFO	V// E/V
nding ease hin 7:	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
he de atte	PART 1. DEATH WAS CAUSED BY HEART FATLURE	ONSET AND DEATH
that it by the tree it the tre	Conditions, if any, which by LOBAR PNEUMONIA	17 hrs 25min
equires the signed by it permit.	gove rise to immediate cause (a), stoting the under-lying couse lost.	1 / //3 L SMIN
low r sysicio been been l-trans	PANT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	RT 1(a) 19. WAS AUTOPSY PERFORMED?
NN: The nding ph cate has be burial ar remov	200. ACC. DENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port II or Port II of item 18.) OR CONTRIBUTING DEALE ANAMORE) OR CONTRIBUTING DEALE ANAMORE)	YES NO [
YSICIA certific de as #	THAT OF INMENT MANY	County) (State)
G PH or this for us crem	p. m. 19 of work of work	
NDIN s Affect ched urial,	21. I certify that I attended the deceased from April 5, 1957, to April 6, 1957, that I alive an April 6, 1957, and that death occurred at 25/AM, from the causes and an t	last saw the deceased
ATTE	ACTUAL SIGNATURE DUM. DUM, M.D.R. O.S. E. W.O.D. L. ANE & W. N. G.	6/59 DATE SIGNED
retaine RAL DIS should		406.
HOSPII TOY be r FUNER oge 3 si	220. BURIAL CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county)	(State) BALTO
5.5	BURIAL 4-9-59 OAK LAWN CEM. 77.25 EASTER 23 FUNERAL DIRECTOR'S SIGNATURE 9015ADDRESS WKLINGST. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SH	NBLUD CO. US.
VS A15 (4) 15M 10/57	letrailes of Feiler BALTO, 24, M.D. DATE APR 9 '59 Einther	S. Thomas



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VS. A15ME(5) 5M 9/55

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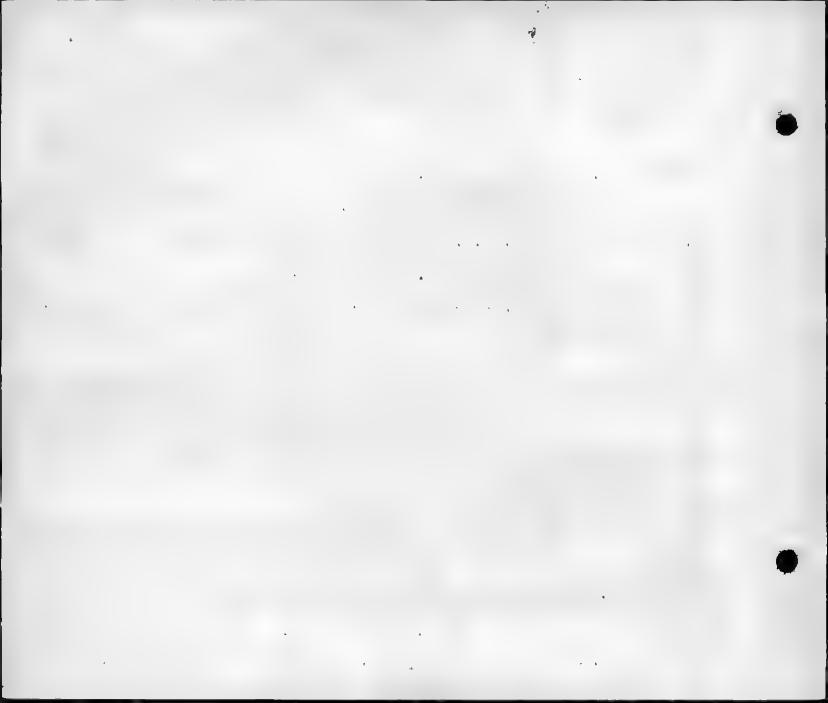
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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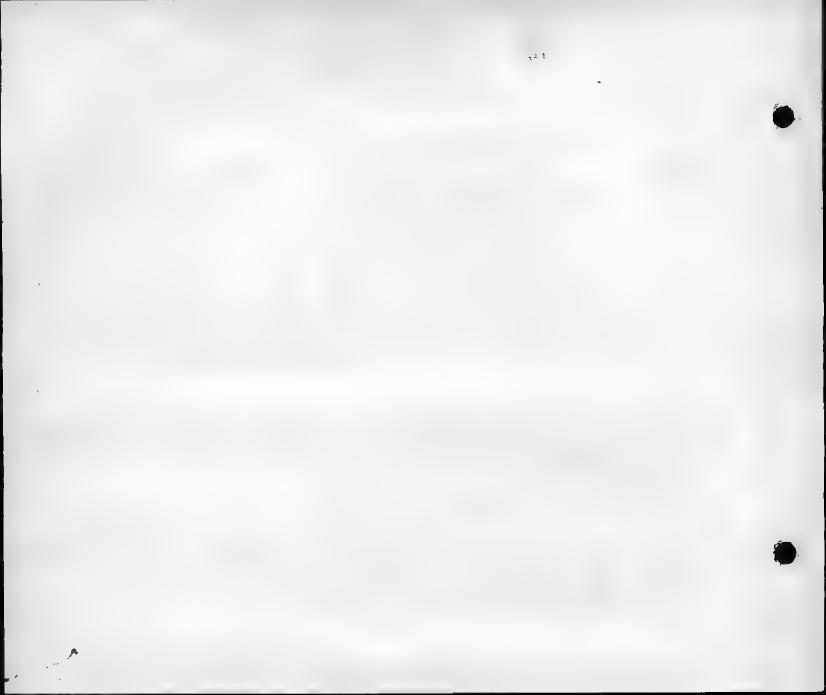
Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY O. STATE b. COUNTY MARYLAND Lanual b. CITY OR TOWN (If autode corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) and give nearest town! d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) .d. STREET ADDRESS e. IS RES DENCE ON A FARM? YES NO 3. NAME OF Middle 4. DATE Doy Year DECEASED OF DEATH 195 (Type or print) THERINE 5. SEX 6- COLOR OR RACE 7. MARRIED FINEVER MARRIED | B. DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. foel birthday! Months Days Min. WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOWSE WIF 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COLBURN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 155 KINCSTON RD 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)-UNTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO IZ 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED tinjer nature of injury in Part I or Part II of Item 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a. m While Not while 19 at work at work 21. I certify that I took charge of the remains described above, held an Autapsy 17. Inspection 12 Inquiry 7 death resulted from: Natural causes IL. Accident . Suicide . Homicide . Undetermined cause . ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220 BUR AL CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCAT ON (City, town, or county) (Stote) REMOVAL (Specify) BURIAL 23. FUNERAL DIRECTOR'S SIGNATURE A DORESS 24c. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE



		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
y.	L	3988 CERTIFICATE OF DEATH ()3964
	1.	PLACE OF DEATH o. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland Baltimore
M		b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) RURAL and give nearest town) (atonsville "atonsville
Singuis X Sugar		d. NAME OF HÖSPITAL (If not in hospital, give street address) OR INSTITUTION 5539 (hanning Road / 5539 (harning Road ves \cappa No. 15 RESIDENCE ON A FARM? VES \cappa NO.
6 - 6		NAME OF DECEASED Mr. Albert L. Enge OF DEATH April 15th 1959
6 2		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours lift UNDER 14 HE) Note White WIDOWED DIVORCED Dec. 20, 1918 40 yrs. Months Days Hours Min.
8 4	100	s. USUAL OCCUPATION (Give kind of work dane) 106 KIND OF BUSINESS OR INDUSTRY 18. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTI Administrative Assa. U.S. Government Baltimore, Markland USA
8 6	13.	George Albert Emge Lucy V. Lawson
72 hou		WAS DECEASED EVER IN U. S. ARMED FORCES? 916. SOCIAL SECURITY NO 17. INFORMANT Address 11. Inc. or unknown; I you war or date of service) 279-201-4016 Mrs. Audrey Enge 5539 (harring Road.
n pleas t within		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) VMCHo SARCOMA 2 2 3 4
it. The over	ı	Conditions, if ony, which) (b)
ii pera ii pera ii or		gave rise to immediate cause (a), stating the under-lying couse last.
iol-trons loval, or	CATION	PART BI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
the bur	CERTIFI	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
use os emotion	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a.m. 19 White Nat white at work at work at work at work 19 Nation 19 Nati
ched fo		21. I certify that I attended the deceased from 1964, 1953, to 1814 15, 1959, that I last saw the decease alive on 1964, 1959, and that deoth occurred of 1964, M, from the causes and on the date stated about
or to by		ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) BATE SIGNATURE M.D. Coult Engrander Control Ball of May 4.
should l		PHYSICIAN'S J. Nelson Mc Kay
က တို	22	D. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)
page the re		Burial 4/17/59 Balto. National (em. Baltimore, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3983 **CERTIFICATE OF DEATH** Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY o. STATE **6. COUNTY** MARYLAND Ď b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR, TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO E 3. NAME OF Middle DATE Day Year DECEASED OF DEATH [Type or print] 195 9. AGE (in years lost birthdoy) 5. SEX MARRIED NEVER/MARRIED IF UNDER 1 YEAR IF UNDER 24 HI Months Doys WIDOWED | DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dod eoth, during most of working life, every if retired) puo after 13. FATHER'S NAME 8 certificate M. SOCIAL SECURITY NO 17 INFORMANT ending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO Z 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stote) Not while factory, street, office bldg., etc.) Hour o. m. While of work of work p. m. 21. I certify that | aftended the deceased from 19.022 that I last saw the deceased alive on and that death accurred at _M, fram the causes and an the date stated above. DATE SIGNED d be L. FRE NAME (Type) 220. BURIAL, CREMATION, 226, DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Slote) 23. FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE VS A15 (4) arthur & Krown DATE APR 2 8 '59 15M 10/57



VS A15 (4) 15M 10/57

w

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3990

CERTIFICATE OF DEATH

03966

Reg. Dist. No.

	, PLACE OF DEATH •. COUNTY	ltimore		MARY	LAND	2. USUAL RESI o. STATE	DENCE (Wh	ere deceased I	ved If institut b COUNTY		e before oc	
	b CITY OR TOWN (IF RURAL and give no.	outside corporate limi prest town! Le River	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Harbor View									
	d. NAME OF HOSPITA OR INSTITUTION IVY HILL]			onv. Home		d. STREET A		S. 48	th St.	· · · · · · · · · · · · · · · · · · ·	_ C	RESIDENCE IN A FAPM?
	I. NAME OF DECEASED (Type or print)	JOHN F	rst	Middle B.		Lo:		4. DATE OF DEATH	Apr		00y 22	Yeor 19 59 .
	Male	6. COLOR OR RACE	7. MARRI WIDOWE	DIVORCE		Sept.			AGE (In years last birthday)	IF UNDER		INDER 24 HRS
	0a. USUAL OCCUPATIO during most of work Retire	ng_life, even if retired) I	KIND OF BUSINESS O				or foreign cour		12 CiTI	ZEN OF W	A.
	3 FATHER'S NAME				** ********	14. MOTHER'S	MAIDEN N	IAME				
1	Josen	oh F. Eng	elme	yer			Mary	Wern	ig.			
1	S WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17. IN	IFORMANT				lress		
L	No				14:	rs. Hai	cie I	. Dro	11 518	S. 4	18th	St.
	PART I DEAT	18 CAUSE OF DEATH [Enler only one couse per line for (o), (b), ond (c) } PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Corectal Georgest ONSET AND DEATH										
	Conditions, it ony, which gave rise to immediate cause (a), stating the under OUE TO DUE TO OUE TO OUE TO								10 years			
	3			ONTRIBUTING TO DEA	ATH OUT	NOT RELATED TO	THE TERMI	NAL DISEASE (ONDITION GI	VEN IN PART	j PE	AS AUTOPSY ERFORMED?
		S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OF	CCURRED). (Enter nature o	of injury in P	ort I or Part II	of item 18)			
	20c. TIME OF INJURY Hour o. m. p. m.	' Month, Day, Ye 19	20d. IN While of work	Not while		CE OF INJURY (town)	(C	ounty)	(Stote)
	21. I certify the alive an	at Lattended the		ed from3/	15/. death	57, 19 occurred at		M, from	کے 19 میلا the causes of the causes of the causes of the causes.	and on th	ast sow the date s	the deceased tated above.
1	ACTUAL SIGNATURE	ucy,	R	My	^	10. 74	22	es teru	ave		4	1/24/59
	MHYSICIAN'S NAME (Type)	MAX BA	4UM			Ba	etire	ne 2	444	1.		
2	20. BURIAL, CREMATION REMOVAL (Specify) IBURIAL	4- 25	-59.	OAK L	ETERY OF	CREMATORY	M.	72 10CATIC	EAST	or county)		BALTOCO
2	3. EUNERAL DIRECTOR'S	SIGNATURE	40	- 777 - 7	-/NE			PR 2 4 '5		STRAR'S SIG		, <u>parter</u>



3991 CERTIFICATE OF DEATH director, iled with 1. PLACE OF DEATH Par a. COUNTY MARYLAND death. b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest townsby Should d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION House in the PINES 100 NAME OF Middle DECEASED OF DEATH HERMAN ENGNOTA (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX WIDOWED DIVORCED | popers 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) BRICKLAYER 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME CHARLES 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT 705 UNK 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate DUF TO cause (a), staling the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 200 ACCIDENT WAS ENDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJUST OCCURRED Enter nature of injury in Part I or Part II of Item 18) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) Not while factory, street, affice blda., etc.) Hour a.m. While al work al work June 21. I certify that I attended the deceased from ACTUAL 3 should PHYSICIAN'S CONRAD 'ON NAME (Type) FUNER 220 BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial Oak Lawn Cemetery Baltimore. Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 3000 E. Baltimore St. John A. Moran DATE APR 2 2 '59

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) **b** COUNTY (If detaids carporale limits, write RURAL and give nearest town) e. IS RES DENCE ON A FARM? YES NO NO Year 19 5 IF UNDER I YEAR IF UNDER 24 HRS 9. AGE (In years lost birthday) Doys House 12. CITIZEN OF WHAT COUNTRY? NATURALIZED GERMAN MARKS Address Milton H. Eggnoth 3309 Alameda Blvd. INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES NO (County) (State) 19.52, that I last saw the deceased and that death occurred at 1/15 PM, from the causes and an the date stated above. 22d LOCATION (City, town, or county) (State)

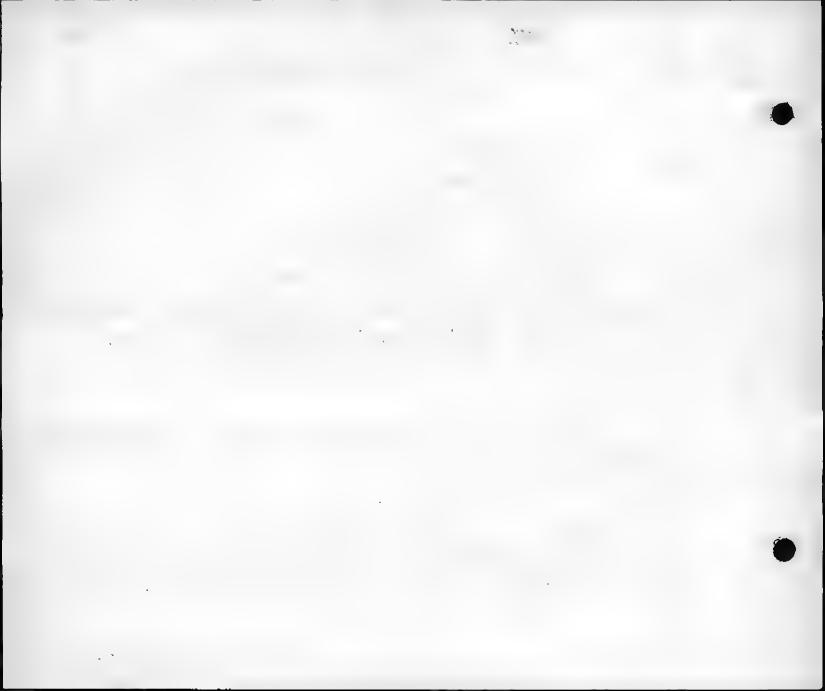
Orthur & Brace

VS A1S (4) 15M 9/S5



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 12 FilmG241 4-20-59 et CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived I funstitution. Residence before admission) COUNTY Baltimore Maryland **b.** COUNTY MARYLAND 70 CITY OR TOWN (If outside corporate I mits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside carporate limits, write RURA) and give nearest town) RURAL and give nearest town). 1-11.317 Dimdalk d. NAME OF HOSPITAL (15 not in hospital, give street address) † STREE 8708 Long Point Road IS RESIDENCE OR INSTITUTION ON A FARM? by 1 YES NO Paradise Nursing Home ٤ NAME OF 4. DATE Middle Last Month Filled DECEASED (Type or print) DEATH 19 William Erickson April 9 1959 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH commiletely lost birthdoy) Months Days Hours WIDOWED papers. male 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo Tin Mil carbon Finland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME g mhysician remave cark ŧ Don't know IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address attending please 18. CAUSE OF DEATH | Enter only one cause per lim INTERVAL BETWEEN (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stating the underbeen si lying cause lost. I-transit FICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALTOPSY PERFORMED? burial YES □ NO □ 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of murry in Part I or Part II of item 18) Ficate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20f (City or Jown) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not while of wark or work 21. I certify that attended the deceased from that I last sow the deceased moy be retained to FUNERAL DIRECTOR: / page 3 shavid be detach alive on and that death occurred om the couses and on the date stated above. ACTUAL prior SIGNATURE registror PHYSICIAN'S NAME (Type 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (City town, or county) (Stote) pode REMOVAL (Specify) Balto Co Oak Lawn Cemetery 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24n REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE APR 1 3 '59 VS A1S (4) arthur & Know Ullrich Funeral Home 2112 Dundalk Ave 15M 9/SB

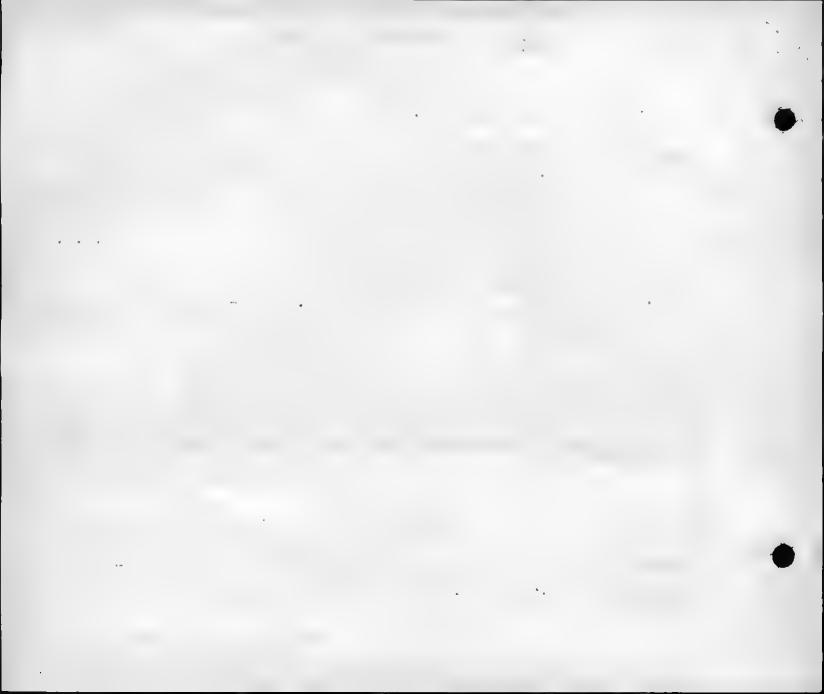
requires that the death certificate be



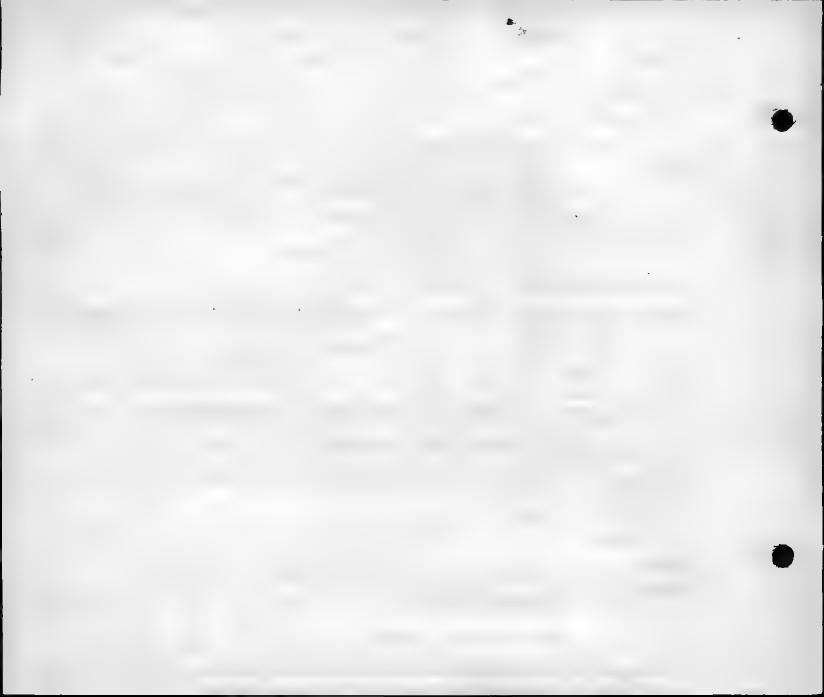
Eutaw Placepare

VS A15 (4)

15M 10/57



7	, i		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
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director,		1.	PLACE OF DEATH o. COUNTY B. COUNTY MARYLAND 2. USUAL RESIDENCE (Where discessed lived. If institution: Residence before admission) b. COUNTY b. COUNTY
n degin	M)		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town. C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
S × S	X	L	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 4518 Konwood AVe of STREET ADDRESS ON A FARM? YES NO 18
n 24 nour iilled in b ies 1 and			NAME OF DECEASED Lost Lost OF DEATH OF
completely to appears. Peg		5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH A COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH A COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH A COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH A COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH A COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH A COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH A COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH A COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH A COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH A COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH A COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH A COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH A COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH A COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH A COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH A COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH A COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH A COLOR OR RACE 7. MARRIED NEVER MARR
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on carl		13.	FATHER'S NAME HONTY John FOLKOT Halana Hala
ng physical remove 72 hours		15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address If you give wor or done of service) NO. D. A. M. G. M. F. J. K. S. M. G. M. A. J. C. S. M. G. M. J. J. C. S. M. J. C. S. M. G. M. J. J. C. S. M. G. M. J. J. C. S. M. J. J. C. S. M. J. C. S. M. J. J. S. M. J. J. S. M. J. J. S. M. J.
e deoth attendi n pleas t within			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) TOYCO PLAN DEATH PROPERTY ON THE CAUSE (o) TOYCO PLAN DEATH
that the by the it. The			Conditions, if any, which) as Branches and Considering Pink Conditions
equires in. signed iit permind in or			gove rise to immediate couse (a), stating the under-lying cause lost, (b) DUE TO (c)
physicic los been ial-trans	U	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES \(\) NO \(\)
fant rending ficate h the bur		CERTIFI	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER; 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of ilem 18.)
of or off his certi-		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. r. While of work of
After the formula to the ched for the ched f			21. I certify that I attended the deceased from Augulat 1, 1958, to Office 32, 1959, that I last saw the deceased alive an Office 13, 1959, and that death occurred at 2459 M, from the causes and an the date stated above.
d delo			ACTUAL SIGNATURE My hold & Druce R. Mp. 4636 Boloin Book 4-21-59
retoinectAL DIR	1		PHYSICIAN'S NAME (Type)
moy be FUNEI Poge 3		220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stote)
VS A15 (4)	Y. 7	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 7// BFL A/R R) DATE APR 2 3 '59 Outly 8. House
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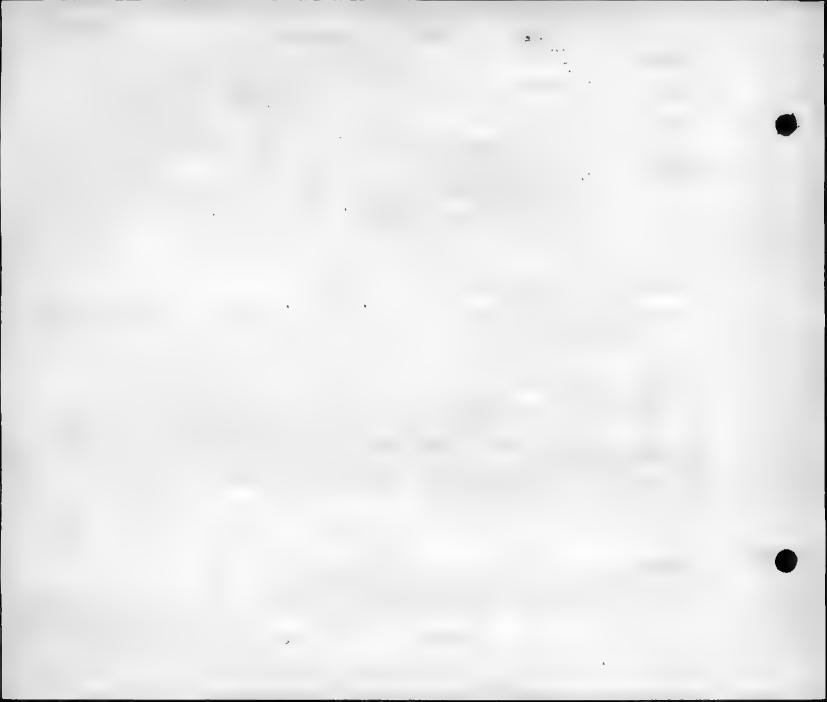
3995 director. filed with death. Page 1. PLACE OF DEATH a. COUNTY *smore* uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 8 RURAL and give poarest Jown) in by Truncand 2 shauld d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION Woodside Avenue executed within 24 hours NAME OF Middle filled DECEASED L'ages 1 (Type or print) 5. SEX 6. COLOR OR RACE MARRIED - NEVER MARRIED completely emale WIDOWED [7] DIVORCED [7] 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IND di. during most of working life, even if retired) physician and 13. FATHER'S NAME requires that the death certificate be Schmidt 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO á Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCUR may be retaine the haspital ar attending TO FUNERAL DIR. OR: After this certifical page 3 should be detached for use as the 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e Hour a.m. While Not while al work | at work | 21. I certify that I attended the deceased from I MAR ... the registrar priar to ACTUAL SIGNATURE NAME (Type) BURIAL, CREMATION, REMOVAL (Spacify) 23. FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

450034

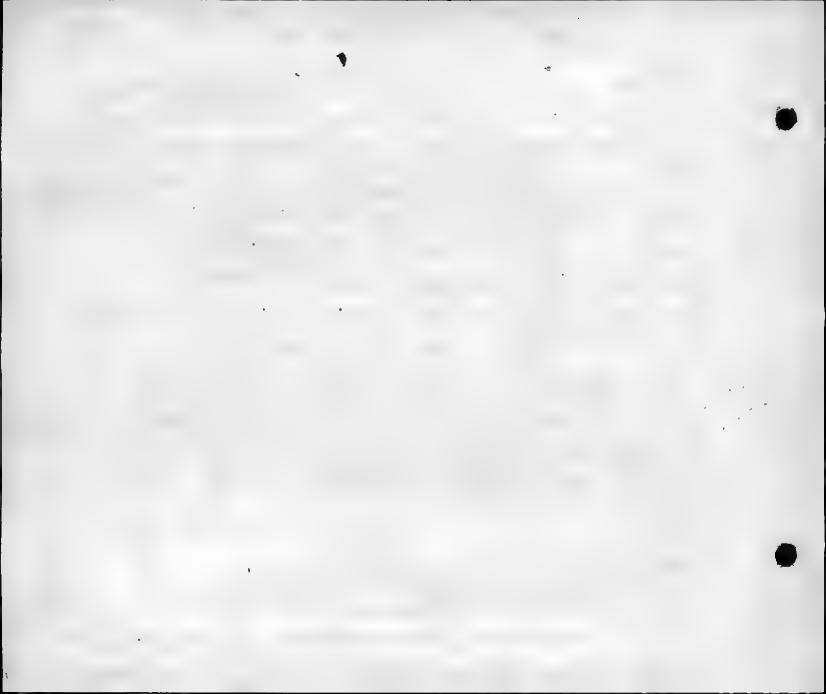
1	ATE OF DEATH	1	R	eg. Dist. No	3941	
Ì	2. USUAL RESIDENCE (Wh		If institution:			
	o STATE Mary	land b	. COUNTY	Balti	more	
	c. CITY OR TOWN (If a	utside corporate lim	ilis, write RUR/	Al and give ne	orest town)	
	X Park	ville				
	d. STREET ADDRESS 3047 Wo	odside 1	Avenue		e. IS RESIDENCE ON A FARM? YES NO]_
	Jranz	4. DATE OF DEATH	Apri	11	oy Year 19 5	9
		388		UNDER I YEAR	Hours Min	<u> </u>
U:	Baltimon		land	12 CITIZEN C	A WHAT COUNT	TRY?
	14 MOTHER'S MAIDEN N	na Eckh	ardt			
1	br. John J.	Franz,	3047 l		de Ave	nue
-	¿ Carcis	(Aug.)		ON	ERVAL BETWEEN SET AND DEATH	
٢	, of desce	mdei	eg Co	olan	161	70.
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ĴΪ	NOT RELATED TO THE TERMI	NAL DISEASE CONI	DITION GIVEN	IN PART 1(o)	19 WAS AUTOPS PERFORMED? YES NO [.v -
æ	D (Enter noture of injury in f	art I or Port II of ;	lem 18.)			
PL la	ACE OF INJURY (Home, farm clary, street, office bldg., etc.	20f. (City or tow	m)	(County)	(Sto	le)
	occurred at 2:15	Fril Y	., 19.5.7,t	hat I last s	aw the decea	ised
		ADDRESS (Street, ci	ly or lown, sto		DATE SIG	
	1.D. 13/12/10	000,1	14,	110		y
=	R CREMATORY	22d LOCATION (C	ity, town, or o	ounty)	(Stote)	
~	emeteru.	Balt	imore	//A	1 1	
	4	D BY REGISTRAR	246 REGISTR	AR'S SIGNATU	RE	
7	d next	APR 7 '59	0,	John S. F	Grand	

VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3925 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ary, please exerage 4 should be 1. PLACE OF DEATH 2. US AL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Baltimore Baltimore MARYLAND b. CITY OR TOWN III outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Turners Station Turners Station davs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RES DENCE prior ON A FARM? 17 Woodland Avenue 17 Woodland Avenue YES | NO DE 3. NAME OF DATE Middle Last First Year DECEASED CHARLES FREEMAN DA VT D 13th. 19 59 April (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. fort birthdayl AAin. Hours male March 17.1959 white WIDOWED [7 DIVORCED [7] 10g, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo Baltimore.Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert S. Freeman Mary Narowansky 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Mary N. Freeman no none same 23 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO d. C 2. Conditions, if any, which pencil along v gave rise to immediate couse DUE TO (a), stating the underlying cause last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(s) 19. WAS AUTOPSY ö PERFORMED? YES 🖂 NO | 200 EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING TO CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) (County) [Stote] factory, street, office bldg., etc.) While Not while d. m. at work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy \int_{\text{.}} Inspection K. Inquiry X, and find that death resulted from: Natural couses . Accident , Suicide . Homicide . Undetermined couse to . Chie ACTUAL SIGNATURE DATE SIGNED CHIEF MEDICAL EXAMINER cute the certif farwarded ta . TO FUNERAL DIR ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) Jack C.Collins 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Burial Lawn Cemetert Baltimore Co. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE VS. A15ME(5) Dundalk 22 DATE APR 1 6 5M 9/55

should be



VS A1S (4) 15M 10/57

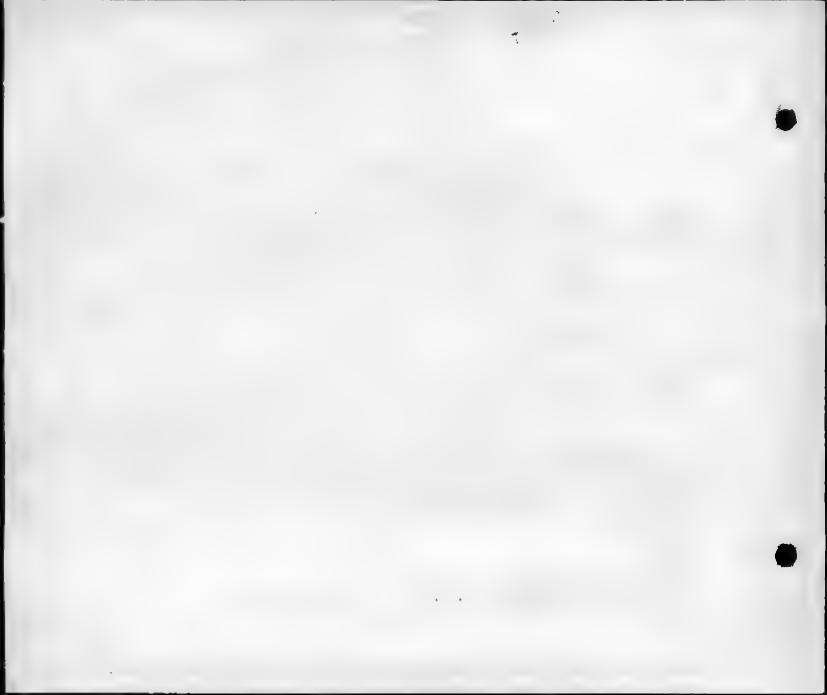
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 399\$

CERTIFICATE OF DEATH

03973

Reg. Dist. No.

}	1. PLACE OF DEATH c. COUNTY	Baltimor	e	MARYL	AND	2 USUAL RESIDENCE (WI	here deceased yland	lived. If institution b. COUNTY	on. Residence	before od	mission)
	b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	ls, write	c LENGTH OF STAY II		c. CITY OR TOWN (IF	-	ote limits, write R	URAL and giv	ve nearest l	own)
	Catonsvi			22yr9mth230	iys	Baltimore			V 3/	ley	
1	OR INSTITUTION	AL (If not in hospital, g		oddress) SPI T AL		1729 Bank	Street			OI	PESIDENCE N A FARM? NO []
	3. NAME OF DECEASED (Type or print)	Leah Fir	sl	Middle Fr:	iedr	Lost nann	4 DATE OF DEATH	April	th	19 ^{Doy}	Yeor 19 59
	S SEX	6. COLOR OR RACE	7 MARR	IED NEVER MARRIEC		B. DATE OF BIRTH	·	9 AGE (In years lost birthday)	IF UNDER 1	YEAR IF U	NDER 24 HRS
	female	white	WIDOWE	_	_	March, 187	7	lost birthday)	Months E	Pays Hai	Jrs Min
	100 USUAL OCCUPATIO during most of work HOBSEW1	N (Give kind of work ing life, even if retired LO	done 10b	KIND OF BUSINESS OR	INDUS	Inthuan	or foreign co ia	untry)		thuar	AT COUNTRY?
	13. FATHER'S NAME					14 MOTHER'S MAIDEN I	NAME				
		Katus				Unknown					
	15. WAS DECEASED EVER	IN U.S. ARMED FOR		SOCIAL SECURITY NO.	17. II	VFORMANT		Add	ress		
	no		τ	nknown	Re	cords: SPRI	NG GR	OVE STA	TE HO	SPITA	L
	PART I. DEAT H 2 2 / Conditions, if on gove rine to in couse (o), storing to lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO TO, which amediate the under- (c)	Ge	meralized a	arte	cardiovascu eriosclerosis				ONSET A	. BETWEEN ND DEATH
	CATIC		DITIONS C	ONTRIBUTING TO DEAT	TUB BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	'EN IN PART	PE	AS AUTOPSY RFORMED? NO-
		S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY OC	CURRED	D. (Enter nature of injury in	Part I or Part	II of item 18.)			
	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yes	While of work	Not while	Oe. PL/ Foc	CE OF INJURY (Home, farn tory, street, affice bldg., etc	n, 20f (City	or fown)	(Co	unly)	(State)
	21. I certify the alive on Apr	ot I attended the 11 19	12_		1 death	occurred at6:30a		the causes o	and on the	date st	ne deceased ated abave. DATE SIGNED 14-20-59
		Stella Wac				Caton sv					
	220 FURIAL CREMATION PREMOVAL (SPECIFY)	april 21	59	PLUE S	KA	CREMATORY	20 196/1	IGN City lown, of	e county)	7/	Stale)
	23 FUNERAL DIJECTOR'S	SIGNATURE OF	-11	ADDRESS 24-26 W.	No	77/1///	D BY REGISTI		STRAK'S SIGN		



VS A15 (4) 15M 10/57

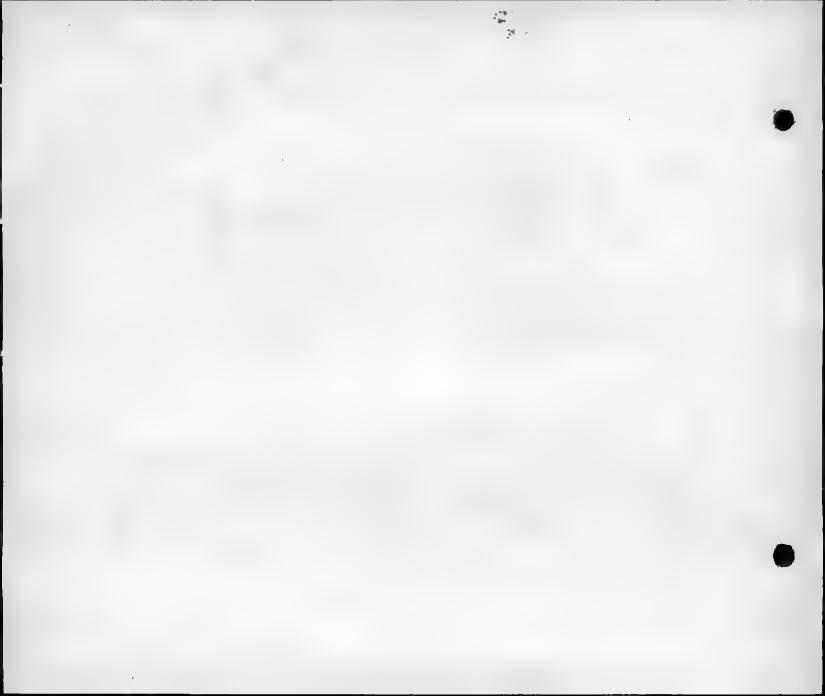
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		333	9.4	CERTIFICA	ATE OF DEATH		Reg. Dist	. No.	
1.	PLACE OF DEATH	BALT IMORE	COUNTY	MARYLAND	2 USUAL RESIDENCE (Who		If institution: Residence COUNTY	before admission)	
	CITY OR TOWN (I	f outside corporate limit	Is, write c LENGT	TH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate lin	nils, write RURAL and gi	ve nearest town)	
	- 73 - 1+	-	3	. Om 3-2	Batti more	city.	(Bolf	26)	
		AL (If not in hospital, g	ive street address)		d. STREET ADDRESS			e IS RESIDENO	CE
	Frin	" Circur .	State Ho.	3 p 11 0		ost SX		YES NO	
3.	NAME OF DECEASED	Stanislaw	st	Middle FT	ydrychowski	4. DATE	Manth	Day Year	
	Type or print)	or Jan	785		Frederick.	DEATH	Ap .1	18 195	7
5.	EX	6. COLOR OR RACE	7 MARRIED N	EVER MARRIED 🔲	B DATE OF BIRTH 18	77 9. AG		YEAR IF UNDER 24	
	M	W	WIDOWED [DIVORCED 📑	5.8-19	90 17	Slyn Monins	Days Hours M	kun
10a	. USUAL OCCUPATIO	ON (Give kind of work ding life, even if retired)	done 10b. KIND OF	BUSINESS OR INDU	STRY 11. BIRTHPLACE (State &	or foreign country)	12 CITI2	EN OF WHAT COU	NTRY?
	4.4	U / C/P Y	Freiert	COLUMBER	11 Polar) e((· A.	
13.	FATHER'S NAME		7		14. MOTHER'S MAIDEN N	AME			
		7				e'			
		R IN U.S. ARMED FOR			NFORMANT		Address	-	
(TE	NO OF WIREWAY	(If yes, give wor or dates of H	217-0	1/-3813 /	Pec- A from	Sp. 12.	5 ye State	5 H- 6 ta	
		TH [Enter only one co	use per line for (a),	(b), and (c).]				INTERVAL BETWEE	EN
		TH WAS CAUSED BY:	i 1		Neort Ds			ONSET AND DEAT	TH
	420.0	IMMEDIATE CAUSE (o)		BUILDE.	News 4 2	ras (
	Conditions, if or	624 8		no / 1 = 1	Brterieselen				
	gave rise to it	mmediate		ich eac	MIKELLOS EVER	21.11			
	Couse (a), stating	the under-							
z	lying couse lost,	J (c)	DITIONS CONTRIBUT	IING TO SCATH BUT	NOT RELATED TO THE TERMIN	NA DISCASS CON	DITION COURS IN DARK	V-> 10 AVAE AUGO	une V
CATIO	PARI II. OIF	TER SIGNIFICANT CON	DITIONS CONTRIBUT	IIING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CON	DITION GIVEN IN PAKE	PERFORMED YES NO	7
MEDICAL CERTIFICATION	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE HOV	M INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Part II of i	tem 18.)		
S	20c TIME OF INJUR	Y Month, Day, Yes			ACE OF INJURY (Home, form,		rn) (Co	ounly) (S	fole)
WED	Hour a.m.	19	While Not	while ork	tory, street, office bldg , etc.]	'			
		at I attended the	deceased fram	July 19	, 19 50, lo	April 18	, 19 <i>⊆2,</i> that I la	ist sow the decr	eased
	olive on	Argil 18	, 19 57,	and that death	accurred at 2: 200	2.M, from the	causes and an the	e date stated of	bove.
		100 11.	~	. 1		ADDRESS (Street, ci	ty or town, state)	DATE S	IGNED
	ACTUAL SIGNATURE	1 Vul	Whor	Win.	M.D. 1012 HAP	NOMIS	T RD.	4-18	-5
		20	0		"JA€"	TO, 28	? Md.		
	PHYSICIAN'S H	21371D45	14. 21	MOPOUL	. U (
220	BURIAL CREMATIO	N, 226 DATE THEREO	F 22c NA	ME OF CEMETERY O	R CREMATORY	22d LOCATION (Lify Town, or county)	(State) ,	
	REMOVAL (Specify)	2 41191	15-9 Ho	tu Cro	SA	a.a.	Co	mol	
23.	FUNERAL DIRECTOR	S SIGNATURE	ADD	RESS Q (24g. REC'E	BY REGISTRAR	246 REGISTRAR'S SIGI	NATURE	
	week	am S	Tralls	reselvi Ea	Ster Gu DATE AP	R 21 '59	arthur &	Thrusa	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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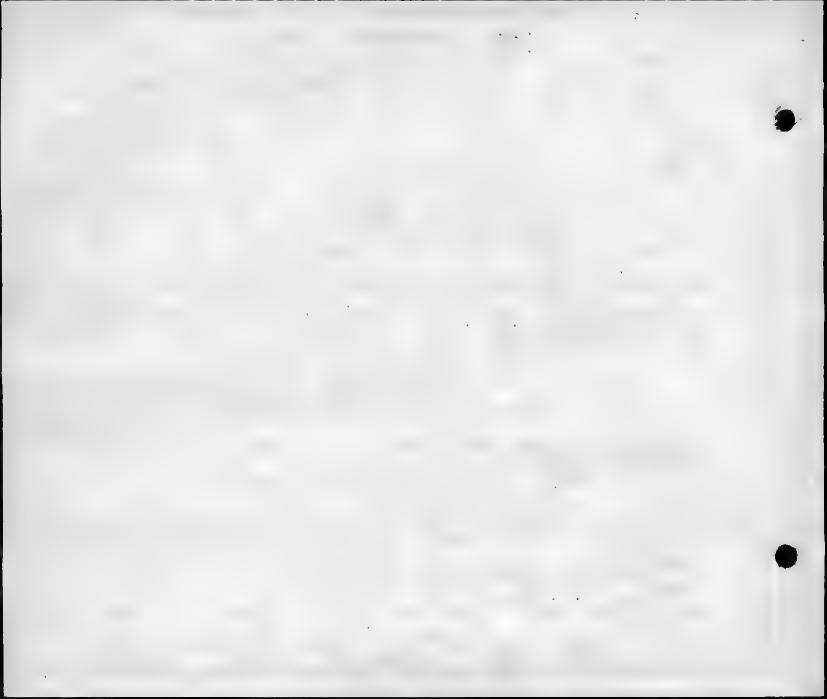
12. CITIZEN OF WHAT COUNTRY?

TISA

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deoth. death certificate VS A1S (4) 1SM 9/SS





CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o COUNTY Baltidore o STATE Md. **b. COUNTY** Baltimore MARYI AND b. CITY OR TOWN (If outside carporate fimils, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest lovel Arbutus d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION Leeds Ave 4601 Leeds Ave. YES NO NAME OF CHARLES 4. DATE Middle Year DECEASED GILBERT April (Type or print) DEATH 19 6. COLOR OR RACE 7 MARRIED THEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Male White Sept.3.1887 Days Mun WIDOWED [DIVORCED [popers. 10a. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Grocer Self Baltimore Md 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles Gilbert Theresa Ames 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Margaret Gilbert, 4601 Leeds Ave 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO 🕅 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) 20c. TIME OF INJURY Manth, Day, Year 20e PLACE OF INJURY (Home, form, 20f (City er lown) 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur o. m. Not while at work of wark 21. I certify that I attended the deceased from 2 19.5 7 that I last saw the deceased and that death accurred at AMM, from the causes and on the date stated above. alive on U DATE SIGNED ACTUAL SIGNATURI O FUNERAL DIR page 3 should b PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 10/50 Loudon Park 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE H. Hubbard 4107 Wilkens Ave DATEAPR 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4000

CERTIFICATE OF DEATH

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		,47 154	or ch							Reg. C	ist. No.		
1. Pi	COUNTY	Baltimore		MARYL	AND	2. USUAL RE G. STATE	Mary		b. COUI		ence befor	re admissi a Out	on)
6.	. CITY OR TOWN (I RURAL and give no	f autside carporate limit arest tawn)	, write	c. EENGTH OF STAY I	N 15	Xa com ou Baltim		utside carpo	rate limits, wri	le RURAt and	give ned	irest town	4)
d	OR INSTITUTION	At (If not in hospital, gi 3613 Kenma		. '		d. STREET 3613 K	address enmar	Road	#7				PARM?
D	AME OF ECEASED ype or print)	DORIS		Middle		GILLAS	est PEY	4. DATE OF DEATH		Month ril 2,	, 195		Year 19
5. SE	X	6 COLOR OR RACE	7 MARR	IED NEVER MARRIE		DATE OF BIR	тн		9. AGE (In ye				R 24 HRS
F	emale	White	WIDOWE	D XX DIVORCED		Feb. 2	1, 188	7	lost birthido	yrs. Manths	Doys	Hours	Min
	usual occupation during most of world etired Ho	ON (Give kind of work dung life, even if retired) Memaker	one 10b.	KIND OF BUSINESS OF	INDUS		PLACE (State or	or fareign c	ountry)	12. C	ITIZEN O	F WHAT	COUNTRY
13. F	ATHER'S NAME					14. MOTHER	'S MAIDEN N	AME					
E	ugene Har	ris				Cla	ra Nic	holso	n				
15. V	no, or unknown)	R IN U. S. ARMED FORG	ES? 16	SOCIAL SECURITY NO.		. Col.	Brune	N. Gi		Address -3725	Wash	ingt	on Av
	Conditions, if or gove rise to it couse (a), stating lying couse last.	mmediale (DUSTO	Syj	ectédaire	(.	U.d.	Lear	Eli	adia	Fish	ing :	z ije	1 1915
ICATION		ier significant cone									RT 1(a) 1	PERFO	NO
1	20a, ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OC	CURRED	. (Enter nature	of injury in P	art t ar Pari	t ti of item 18.				
MEDICAL	Noc. TIME OF INJUR Hour a m. p. m.	Y Manth, Day, Yeo	20d IN White at wark	Not while	20e. PLA faci	CE OF INJURY lory, street, offi	[Home, form, ce bldg , etc]	20f (City	or lawn)		(County)		(Stole)
	21. I certify the clive on Actual SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	decease 195	and that			19336	M? fron		$\frac{1}{2}$ and an			
	BURIAL, CREMATIO REMOVAL (Specify) Burial	N, 225 DATE THEREOF		22c NAME OF CEMENT LOTTAINE			erv		n <mark>on (City, tav</mark> ltimore		_	(State	:)
23 F	UNERAL DIRECTOR	S SIGNATURE	Lon	ADDRESS	2	n d		BY REGIST	RAR 245 R	EGISTRAR'S S	IGNATUR		

may be retained the hospital or attending physician.

TO FUNERAL DIRECT.

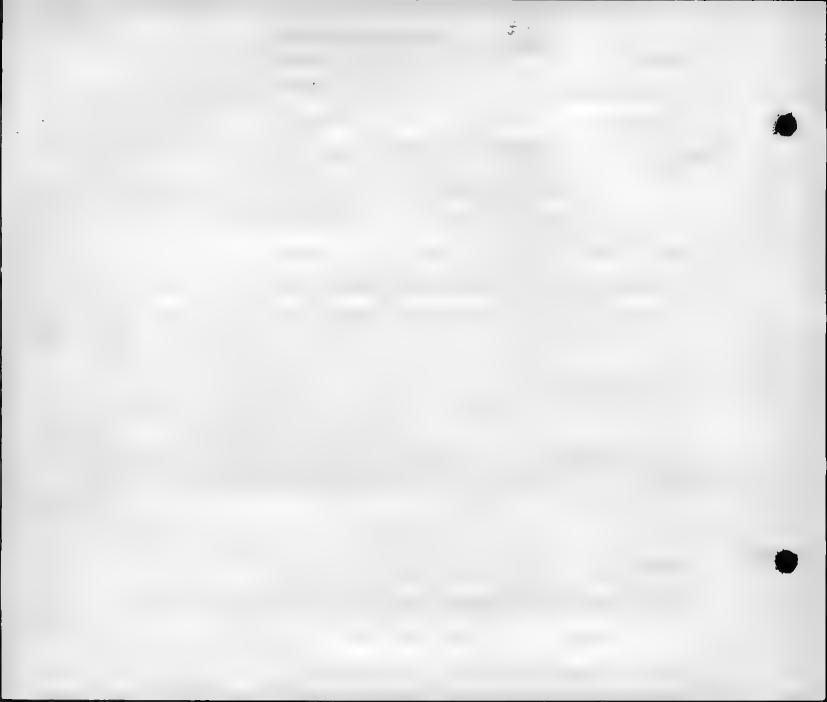
R: After this certificate has been signed by the attending physician and completely filled in by the control page 3 should be detached for use the burial-transit permit. Then please remaye corbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after VS A15 (4) 1SM 10/57





CERTIFICATE OF DEATH 4002 Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) **b.** COUNTY MARYLAND b CITY OR TOWN (If autside carporate limits, write c CIEX OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 RURAL and dive nearest town) L. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? YES | NO P NAME OF Middle 4. DATE Year (Type or print) 6. COLOR OR RACE 9. AGE (In years last birthdpy) SEX 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS Hours WIDOWED 17 DIVORCED | 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? death. during most at working life, even if settind) 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? . 17. INFORMANT 16. SOCIAL SECURITY NO Address 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DROMARY ROMBOSI Ma DUE TO ARTERIUSCLERUSIS Conditions, if ony, which CINIC MOUN gove rise to immediate **DUE TO** couse (o), stating the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? ccio- SIGMOLA NCCR YES NO NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Haur a.m. Nat while at work of work 21. I certify that I attended the deceased from 5047 ..., 19/556 ta 19,802, that I last saw the deceased ___, and that death accurred at 44 P.M. from the causes and on the date stated above. alive an DATE SIGNED ACTUAL SIGNATURE shauld ã y be reto PHYSICIAN'S BALTIMER NAME (Type) BURIAL CREMATION. 22b. DATE THEREO! 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE DATE APR 2 8 arilar & Kraus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

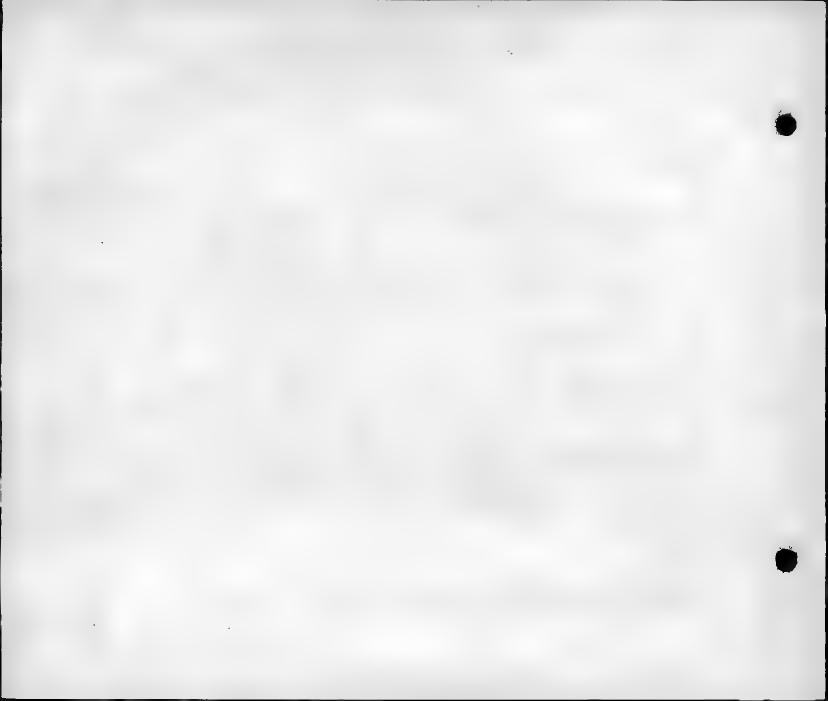


1 /	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	3936 CERTIFICATE OF DEATH Rog. Dist. No. ()3981	
Page director	PLACE OF DEATH o. COUNTY Baltimare 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE b. COUNTY Baltimare	
runeral of fill be fill	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) ANDUTUS SIANDATAS	
by do X	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION FIT Sulphur Spring Rd 8/17 Sulphur Spring Rd YES IN	RM2
illed in	NAME OF DECEASED (Type or print) ANNIE GOODEST 1 DEATH DOWN 19.	
d within letterly f	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATY OF BIRTH 9. AGE (In yeors lost birthdoy) Months Doys Hours 1 Month	4 HPS Min.
ad camp in paper death.	to USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY IN BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT CO during most of working life, even if retired) 13 CITIZEN OF WHAT CO	UNTRY
cian and ca carbon pag s after death	Unknown Uaknown	
certificat g physici remave 72 haurs	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (as no or unknown) (If yes, give wor or dotated at service) World Starley Gode 185 K x 8175 L/Dhur Spil	RN
attendin please within	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: ONSET AND DE.	EEN ATH
that the by the f. There y event	420.1 DUE TO Gatenias of RV.D	
squires n. signed il permi d in on	gove rise to immediate couse (a), stating the under lying couse lost. DUE TO	
ohysicia is been al-trans	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUT PERFORME YES N	
AN: The	200 ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSICE I or after his certif use as a mation,		(Slale)
haspito After the far hed far rial, cre	21. I certify that I attended the deceased from QCT. (5, 1958, ta Qbrilly 4, 1959, that I last saw the de	
ATTEN The destact or to bu	ACTUAR ADDRESS (Street, city or lown, stote) ACTUAL	abave SIGNED 120
TAL OR AL DIE Hauld be hauld be	PHYSICIAN'S STANLEY ANKUDAS.	<u> </u>
NOSPITAL may be reta FUNERAL page 3 shaw the registrar	PO BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county), (Store) REMOVAL (Specify) 4/28/39 LONDON PARK CEM. Baltimory Maryland.	* * * * *
VS A15 (4)	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS APR 2 7 59 Crimy & Hama	
15M 10/57	The state of the s	



8 12,14 Film@241 4-27 CERTIFICATE OF DEATH ltems PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY a. STATE **b.** COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Woutside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) 1012 d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION STREET ADDRESS ON A FARM? 24 YES NO £ NAME OF DECEASED Middle 4. DATE Month Day Year filled OF DEATH (Type or print) S. SEX 6. COLOR OR RACE 9. AGE (In years light bighday) 7. MARRIED T NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS Months Doys Hours WIDOWED 17 DIVORCED | 10o. USUAL OCCUPATION (Give kind of work dene during most at working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Shvale 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address . CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)/ INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause last. (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION YES NO [4] 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f (City ar lown) 20d. INJURY OCCURRED Day, Year (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Not while at work at wark 21. I certify that I attended the deceased from I-U-11 . 19 5 1, that I last saw the deceased alive an and that death accurred Aull M, from the causes and an the date stated above. ACTUAL SIGNATUR should be MI PHYSICIAN'S NAME (Type) e BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, 55wn, or equaly (Sjote) REMOVAL (Specify) 0 ADDRESS **FUNERAL DIRECTOR'S SIGNATURE** 246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A1S (4) arthur S. Hours DATEAPR



VS A15 (4) 15M 10/57

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ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	ARYLAND	STATE DEPARTMENT	OF HEALTH-B	ALTIMORE,	14
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CERTIFICATE OF DEATH 4004

Reg. Dist. No.

,	7, (PLACE OF DEATH COUNTY	Baltimore		MARYL	AND	2 USUAL RES o. STATE		ere deceased Land	lived. If institu b. COUNT		lence befo	re admiss	on)
		b. CITY OR TOWN (IF RURAL and give need Cations	cutside corporate limits, prest town) SVIIIE	write	c. LENGTH OF STAY II	N Ib		imore	ulside corpor	ote limits, write		d give nec		1
4		OR INSTITUTION	NL (If not in hospitol, give OVE STATE		ddress) PITAL		d STREET /		hire I	Orive			e IS RES ON A	IDENCE FARM? NO
	, iii	NAME OF DECEASED (Type or print)	Hannah		Middle Hirso	hbe	rg Gr	adman	4. DATE OF DEATH	Me Apr	il	16	•	reor 19 59
		female	white v	VIDOWED	- Lund		Oct. 1	1, 189	4	P. AGE (In years lost/birthday) Oct yes	Months	ER I YEAR	IF UNDE Hours	R 24 HRS Min.
		USUAL OCCUPATION during most of works housewiff	N (Give kind of work doing life, even if retired)	ne 10b. K	IND OF BUSINESS OR	INDUS	TRY 11 BIRTHP	Garma	ny	untry)		many	F WHAT	COUNTRY?
		Morist	z Hirschber	g				Sret	ta Fro	omm				
	15. (Yes	WAS DECEASED EVER	IN U. S. ARMED FORCE yes, give wor or dates of servi	cel	OCIAL SECURITY NO.	17. IN	FORMANT				dress			
		unknown			Unkciown	Re	cords:	SPRIA	G CRO	E STA	E H	OSPIT	AL	
		PART I. DEAT	mediate (DUSTO	Ur Sen	remia nile arteri							INTE	RVAL BE ET AND	TWEEN DEATH
2	CERTIFICATION	PART II. OTHI	(c)_ R SIGNIFICANT CONDI	rions <u>co</u>		H BUT I	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION G	VEN IN P	ART 1(o) 1	PERFO	AUTOPSY RMED? NO 24
		200. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING D 20 CAUSE OF DEATH MEDICAL EXAMINER)	6. DESCI	RIBE HOW INJURY OCC	CURRED	(Enter nature o	of injury in P	ort I or Part	II of item 18.)				
	MEDICAL	20c. TIME OF INJURY Have b. m. p. m.	Month, Day, Year	20d, IN. While of work	Not white	Oe. PLA foci	CE OF INJURY I ary, street, offic	e bldg., etc.)		·		(County)		(Stole)
/			of 1 affended the d ril 16 Spella 7 Stella Wac	12.5 Vac	les ler er, M. D.	leath	occurred at SPRI	NG GF	AM, from DOMESS (Switcher)	16, 19 5 the causes set, city or town STATE HO Maryl:	and an , stote))3211	the dat	e state DA	d abave
	4	MEMOVAL (Specify)	4-17-1	9	22c. NAME OF CEMET	ERY OR	CREMATORY CALS	-	22d LOCATH	Off (City, layor	or county) 7	/ Kiloja	5 -
	23/	UNERAL DIRECTOR	SIGNATURE //	70	ADDRESS EXT	tou	SPL	240. REC'D	BY REGISTR			SIGNATUR		



11	*		"MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
EZ .	e X	*	4005 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
please e	A Actuation	1	PLACE OF DEATH o. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Maryland b. COUNTY
rssary,	Purio		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Baltimore C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Baltimore
irec	priar to		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Sparrows Point Hospital d. STREET ADDRESS 1614 1601 E. Lanvale Street ON A FARM? YES NO (A)
any dela funeral or your fi	registrar	3	NAME OF First Middle GRAY OF DECEASED (Type or print) NAME OF First Middle GRAY OF DEATH 10 1959
	·9	5	Male Sex Markied Negro Never marked 8 Date of Birth 9. AGE (in years to build by) Negro Negro Divorced 3-28-1898 Sex Negro
her death. and 3 to the	2	1	80. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Handy Man 12. CITIZEN OF WHAT COUNTRY? U.S.A.
urs af 1, 2, may		1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
្តិសូហ	Se God		Unkown 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address
ve Pag	<u>e</u>		No 213-09-0754 Edith Mae Gray 1614 E. Lanvale St
	· ž		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
cuted in 18, arm P	permit		PART 1. DEATH WAS CAUSED BY: COMPOUND FRACTURE OF SKULL Instantaneous
then fa	isi	/	7/0.3 DUE TO Fracture of Right Frontal and Occipital Areas
be ex with	rtte.		Conditions, if any, which (b) (b)
pencil	burial-transit		(a), stating the underlying DUE TO
# E 0	Ö		
ficat ling'	used as	` {	PERFORMED? YES NO T
e de la	e e	1000	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS OF DEATH. 205. DESCRIBE HOW INJURY OCCURRED (Epier nature of injury, in Port I or Port II of item 18) Heavy Scrap Bucket Iell on his head
	3 should	2	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) 4:35 our o. m. 4-18-59 While Not work of work of work of work of work
_5.5≥,	Page		21. I certify that I took charge of the remains described above, held an Autapsy [], Inspection []. Inquiry [] and find that
Piger of the piger	ő		death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause
MEDICA rrt	DIRECT		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER (
the ce	UNERAL remayal		EXAMINER'S M.BDavis MD ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUT
Cote fare	5 E		20. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
Ĕ i	ž		Burial 4/22/50 Mt Colvery Cometary Bracklyn Md. 3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE
VS. ATSM	* *	1.	Eliny D. W Mon 1 br Beauting DAMPR 20 '59 Chilling & theme
5M 9/5	33	E	AND PORTE OF STREET

x

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4006 CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) Baltimore **5 COUNTY** MARYLAND Dorchester b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest towns Fort Howard Davs Cambridge d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RES DENCE ON A FARM? OR INSTITUTION Veterans Administration Hospital 103 Cemetery Avenue YES NOTE NAME OF First Middle 4. DATE RODNEY April 10 59 (Type or print) LEE GRAY DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lgst_birthdoy) Months Days Hours White WIDOWED [7] DIVORCED T Male MTS. 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 17 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY Waterman - Retired Commercial Fishing U. S. A. Elliott, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Delita Ann Harshman David Grav WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Yes or without Unk. Clin.Rec., Vet.Adm. Hospital, Ft. Howard, Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) CONGESTIVE FAILURE 2 WEEKS 420.0 DUE TO ARTERIOSCLEROTIC HEART DISEASE YEARS Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 🕅 NO 🗍 20a. ACC DENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED Day. Year 20f (City or lown) (County) (Stote) Hour o. m. factory, street, office bldg., etc.) While Not while of work of work 21. I certify that A attended the deceased from April 13 , 1959, to April 21 , 1959, that I takes detoched XXXXXXXXXX, and that death occurred at 9:10PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED M.D. VA HOSPITAL FT HOWARD, MARYLAND O PHYSICIAN'S JOHN W. CRAWFORD, M.D., Acting Chief, Professional Services NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) RENOVAL (Specify) Arlington National Cem. Arlington. Virginia 0 23 FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE DAMPR 2 7 '59 VS A15 (4) 15M 10/57 Shipped to: W.W. Chambers, 1400 Chapin



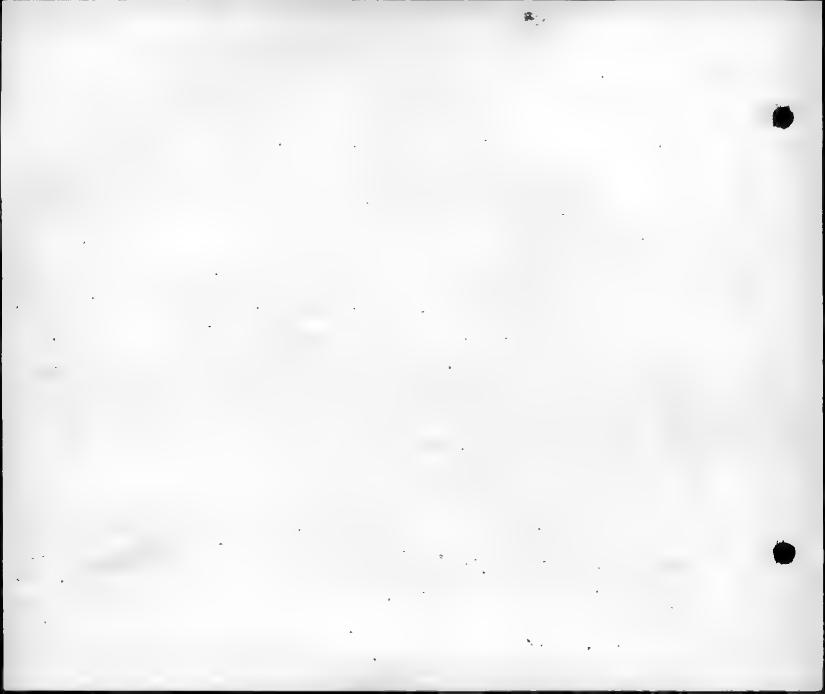
VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4007

CERTIFICATE OF DEATH

03986

2009				keg. Dist. 140.
1, PLACE OF DEATH a. COUNTY	0.5	TATE	ere deceased lived. If institution b. COUNTY	in. Residence before admission)
Baltimore	MARYLAND	Md.		Baltimore
b CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest tawn)			itside corporate limits, write RU	JRAL and give nearest town)
Rural Owings Mills 3 wee		wings Mi	lls	
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	, d. 5	STREET ADDRESS		e. IS RESIDENCE ON A FARM?
116 CAK MEVE Rd.	1116	Oak Mer	e Road	YES NO X
3 NAME OF First	Aiddle	Last	4. DATE Mont	h Day Year
(Type or print) John Rober	t G	reaser	DEATH April	23, 19 59
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED B DATE	OF BIRTH	9 AGE (in years last birthday)	Months Days Hours Min
Male White WIDOWED DIV	orced K Mar	ch 27,19		Morris Days Haurs Min
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSIN during mast of warking life, even if retired)	ESS OR INDUSTRY 11.	BIRTHPLACE (State of	or fareign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Marylar	nd	U.S.A.
13. FATHER'S NAME	14. M	OTHER'S MAIDEN N	AME	
John Greaser		Elisha	Parks	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURI	Y NO. INFORMA	NT	116	Mere Road
[Yes, no, or anknown] [If yes, give wor or dotes of service] 215-21+	3035 Mr.	Robert I	G. Greaser, O	wing Mills, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), as		0	0	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY	inoma	01	-olon-	ONSET AND DEATH
IMMEDIATE CAUSE (a)	17	-		1
Conditions, if any, which) to local	heles	/		6 max
gove rise to immediate	1	- V		77.57
couse (a), stating the under- lying cause last.				
, (-)	O DEATH BUT NOT BEI	ATED TO THE TERMIN	AND DISEASE CONDITION CIV	EN IN PART 1/21 10 WAS AUTOPSY
The state of the s	O DEATH OUT HOT KEE	ALL TO THE TERMIT	ALL BUTCHSE COURSELOIS CITY	PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJ	IPY OCCUIPPED (Savar	nature of injury in B	art 1 ar Port 11 of item 18)	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JAT OCCURRED. Jenier	norm of injury in F	G., 1 G. 1 G. 11 G	
O TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRY Hour o m While Not white of work at work at work	D 20e. PLACE OF 1	NJURY (Hame_form, let, office_bidg , etc.)	20f (City or tawn)	(County) (State)
Haur o m While Not white of work of work		and a second second		Land Control of the C
21. I certify that I attended the deceased from	-/	00 104.	-23- 159	that I last saw the deceased
1/ = -2 - 74	that death accur	red at /// 53		d an the date stated above.
	1/10		DDRESS (direct, city or lawn,	
ACTUAL SIGNATURE BONNEY Haffe	· M.D	Va	sundon	My 4-25-59
1 1	06.11	RV	4-6	10 11-2516
PHYSICIAN'S JAMES DYAG	Hell .	1/45	1295) DWK	NI9 4= 207
	CEMETERY OR CREMA		22d. LOCATION (City, town, o	
Burial April 27,1959 Ray	S Chapch	Cometor		
23 FUNERAL DIRECTOR'S SIGNATURE	B 111/2	ハン/3ha 財産	R BOBBAR 246 CEGIS	TEAN SE ICH ATTIE
THENK IT I LEWELL PUN	Kerrilo 8	DATERPH	4 8 59 Gal	lug 2 to



uneral director. ATTENDING PHYSICIAN: The fow requires that the death certificats be executed within 24 hours ofter death. Page 4 may be retained the hospital or attending physician. TO FUNERAL DIR DR: After this certificate has been signed by the attending physician and completely filled in by foods 3 should be detached for use as the burial-transit permit. Then please remove carboy papers. Pages 1 and 2 should the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer degin.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 . 03987 Reg. Dist. No. 4008 **CERTIFICATE OF DEATH**

	1, 1	COUNTY 13 OF TIMES MARYLAND	2 USUAL RESIDENCE (Where decepted lived. If institution: Residence o STATE DAYANA 6. COUNTY	before admission)						
	1	o. CITY OR IOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end go	ve neorest town)						
	,	d NAME OF HOSPITAL (If not in hospital pive street oddress) OR INSTITUTION THE TWILD	# STREET ADDRESS 16624 Martet Orun	e. IS RESIDENCE ON A FARM? YES NO						
	ì	NAME OF DECEASED Type or print) David Ha Green Widdle Chel	nheig 4. DATE Month	Day Year 1959						
	5 5	Male White WIDOWED DIVORCED	may 8, 190 Just Harday Months 1	YEAR IF UNDER 24 HRS. Doys Hours Min						
		USUAL OCCUPATION (Give kind of work done 10b/RIND OF BUSINESS OR INDUS	Moate. ma u	SA.						
	13.	Farther's Hame	14 MOTHER'S MAIDEN NAME	n. I						
	15. (Ye)	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 year, given wer or dotes of hervice)	eda But - Deepe - 660	24 Marth						
		INTERVAL BETWEEN ONSELAND DEATH								
		Conditions, if ony, which (6) 1 5. + My Dan are (5.00) 15.								
		/3								
	7	couse (c), stoling the <u>under:</u> tying couse lost (c)		15 YRS						
)	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH BUT</u>	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	YES NO						
	CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Part II of item 18)							
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Mour a.m. 19 20d. INJURY OCCURRED for While of work of work	ACE OF INJURY (Home, form, 20f (City or town) (Cotory, street, office bldg., etc.)	ounty) (State)						
		21. I certify that I attended the deceased from								
		alive on 12, 3, and that death	occurred atM, from the causes and on the ADDRESS (Street, city or town, state)	e date stated above. DATE SIGNED						
		ACTUAL SIGNATURE CONTRACTOR OF	M.D							
		NAME (Type)								
	12	BURIAL CREMATION, 226. DATE THEREOF, 22C NAME OF CEMETERY OF WALL SON TYPE	CREMATORY 22d LOGATION (City, fown or country) PLES AMEL RECLUE.	(Stote)						
	23	Allingar & Dus -1/24 No No	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGN APR 2 0 '59 Onling &							



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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

may be retained to haspital or attending physician O FUNERAL DIRECT. After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached far use as the burial-transit permit. Then please remave carban pages? Roges 1 and 2 the registrar priar to burial, crematian, ar remayal, and in any event within 72 haurs ofter death.

TO FUNERAL DIREC

VS A15 (4) 15M 10/57

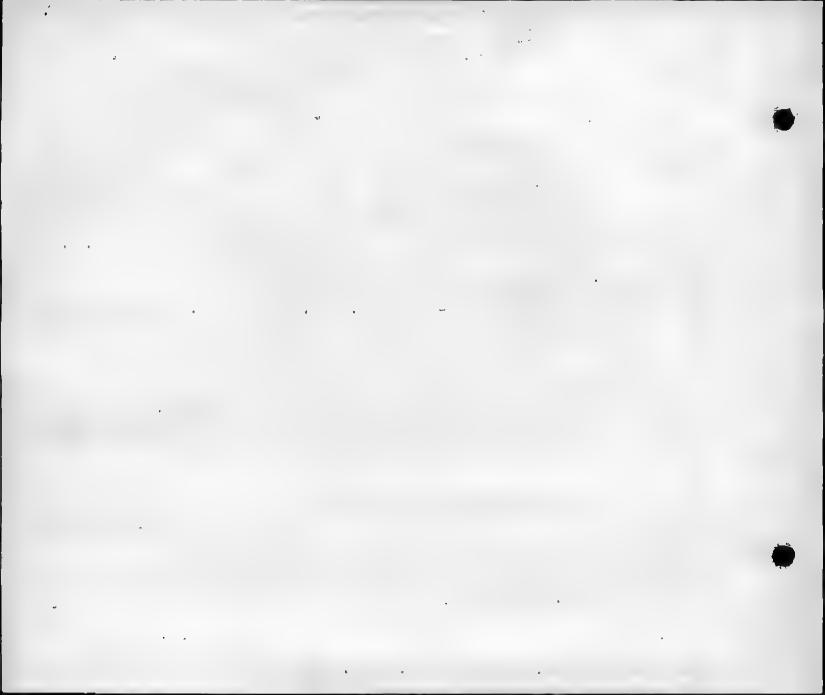
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4009

CERTIFICATE OF DEATH

03988

Rea, Dist. No.

1. PLACE OF DEATH					2. USUAL RESID	ENCE (Wh	ere decease	d lived If institu		se befare adm	nissian)
	ltimore		MARYL	AND	Ma	rylar	nd	P CONU	Y		~
B CITY OR TOWN RURAL and give	(If outside carporate lim regrest tawn)	its, write	c. LENGTH OF STAY I	N 1b	c CITY OR T	OWN (If a	ulside carpo	rate limits, write	RURAL and g	jiva nearest la	lmu}
Fort Ho	ward		14 Days		Ba	Ltimo	re	-	2 V2.	*	
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, i	give streat	address)		d. STREET AI	DDRESS					RESIDENCE
Veteran	s Administr	ation	H ospital		12	1 Sou	th Ea	st Ave			NO 🖸
3. NAME OF DECEASED	Fi	rst	Middle		Last		4. DATE		onth	Day	Yeor
(Type or print)	GEORG		F		GREENE		DEATH	April		14	1959
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE		8 DATE OF BIRTH			9. AGE (In year	IF UNDER	TYEAR IF UN	
Male	White	WIDOWI	ED 🜇 DIVORCED		November	25,	1889	lost birthday)	Manths .	Doys Have	rs Min
100 USUAL OCCUPAT	ON (Give kind of work rking life, even if retired	done 10b	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPL	ACE (State o	or fareign c	gunlry)	12 CITI	IZEN OF WH.	AT COUNTRY
Brakeman		" F	Railroad Co		Mas	sachu	setts	}		U. 8	S. A
13. FATHER'S NAME					14 MOTHER'S	MAIDEN N	AME				
George	F. Greene				Cat	herin	ne A I	wnch			
15 WAS DECEASED EV	ER IN U. S. ARMED FOR	CES7 16.	SOCIAL SECURITY NO	17 18	VFORMANT				Idress		
Yes	WW I		399-10-3884	CI	Lin. Recs	Vet	erans	Adm. H	ospital	1 Ft He	oward.
18. CAUSE OF DE	ATH [Enter only one co	ouse per lin	ne far (a), (b), and (c)]					···	-	INTERVAL	BETWEEN
1 1	ATH WAS CAUSED BY:	o ci	RCTNOMA A	NT A TOT	A STEED	erom a com	O T TO S	OF LIVE	n	ONSET AN	
156.1	DUE TO			HALL I	the second	Libraration 1	سايان اداك.			UNK	NOWN
Canditions, if		a.									
gave rise to cause (a), stating	immediate (1	
lying cause last											
PART II. OT	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO	THE TERMIN	VAL DISEAS	CONDITION G	IVEN IN PART	1(a) 19 WA	S AUTOPSY
131											FORMED?
PART II. OT	AS UNDERLYING CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OC	CURREC	Enter nature of	injury in Po	art I ar Parl	II of Hem 18.)			
	MEDICAL EXAMINER)										
20c. TIME OF INJU	RY Month, Day, Ye	or 20d. In	NURY OCCURRED	Oe PLA	CE OF INJURY (H	lome, farm,	20f. (City	or tawn)	(C	ounly)	(Slale)
Haur a.m.	19	While of work	Not while	toc	tary, street, affice	bldg., etc.)			•		,,,,
	hatat attended the			27	1050	4- A	<u></u>	20.50	0 -1		
alimentum ma	mail alternata inte	ueceosi	ed from March	مي ٽير و۔ ماھيد ماھ	17-3-9	OADI		19.53	2 .100 0000	OCKODO:	COCCOO
OLIO SESSIONE			Cacac, and that a	searn	occurred at	YCT!K	LIM, fron	n the causes reat, city or lawn	and on th		ited abave DATE SIGNE
ACTUAL	A 911.	(m	an tory		TF A				i, sicility	1	IS C IC
SIGNATURE	may co	10-	600		и. DV_А	H.ET.	HUWBI	D, MD			1770777
PHYSICIAN'S NAME (Type)	JOHN W. CR.	AWFOR	D. MD.		77.4	er Fren	*******	TD 3.690		,	12/12/
220. BURIAL CREMATIC	ON, 226 DATE THEREC		22c. NAME OF CEMET	FRY OF		T Yes	HOWAR	TON (City, tawn,	01.000-1-1-1		1/10/2
REMOVAL (Specify		59									lote)
23. FUNERAL DIRECTOR	r's SIGNATURE		Baltimore ADDRESS	MAI		240 PECID	BY REGIST	imore,	Hary Lai		
74. 0 1 5	2.2.4.2	(000	Harford Rd	273					Thur & 3		
- Wm Look B	LICHT INC.	DUUY.	martoro Ko	BE	HITO. YU	DATEME, 11	E 4. U.	_	1 30. 7		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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physician

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signed

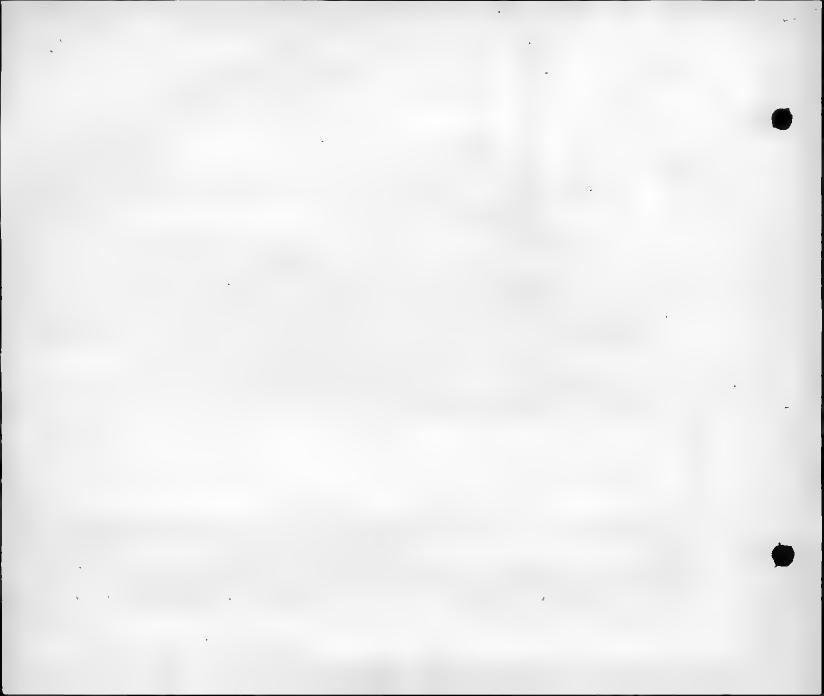
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FUNERAL

VS A15 (4)

15M 10/57

offending please within 7



23. BURIAL-CREMATION

REMOVAL (Specify)

R rial

DATE REC'D BY LUCAL

DATE

REGISTRAR'S SIGNATURE Orthur & Reach

(Dav)

COUNTRY?

12. CITIZEN OF WHAT

INTERVAL BETWEEN

ONSET AND DEATH

(Year)

19 5

and that death occurred at. Degree or title)

ADDRESS

NAME OF CEMETERY OR CREMATORY

Com

Glen Haven

20. AUTOPSY? Yes 🔲 No I (STATE)

DATE SIGNED

im., from the causes and on the date stated above.

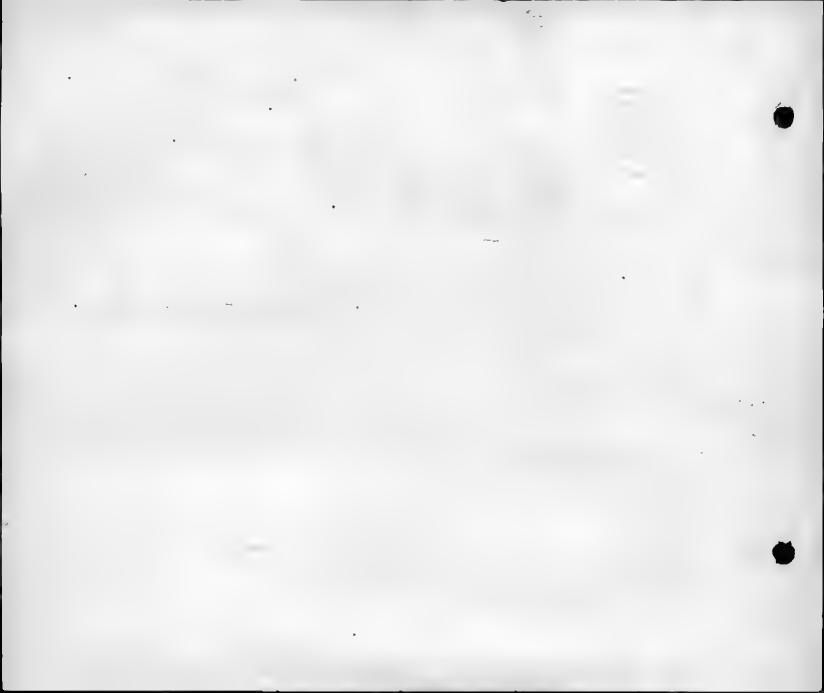
24/FENERAL DIRECTOR

ADDRESS

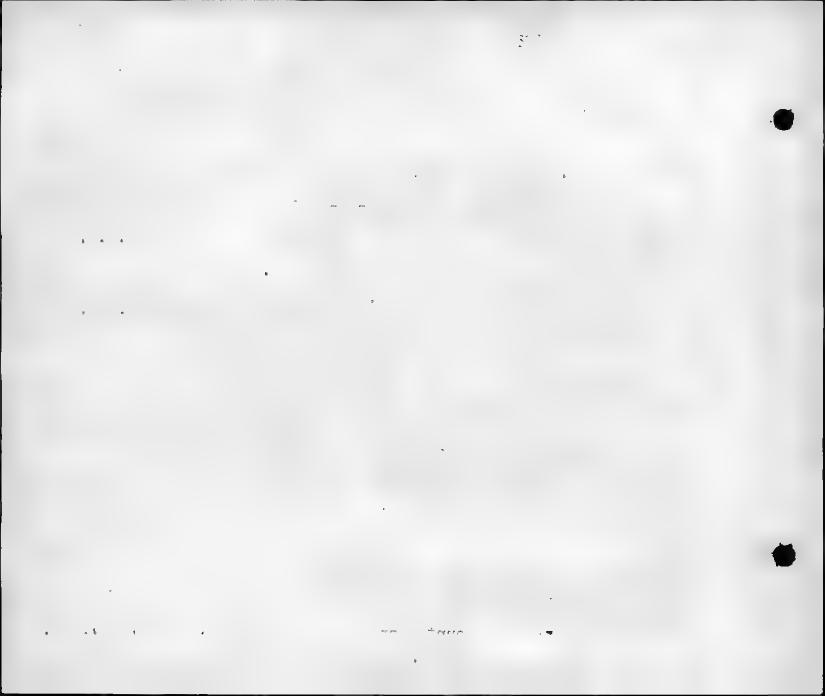


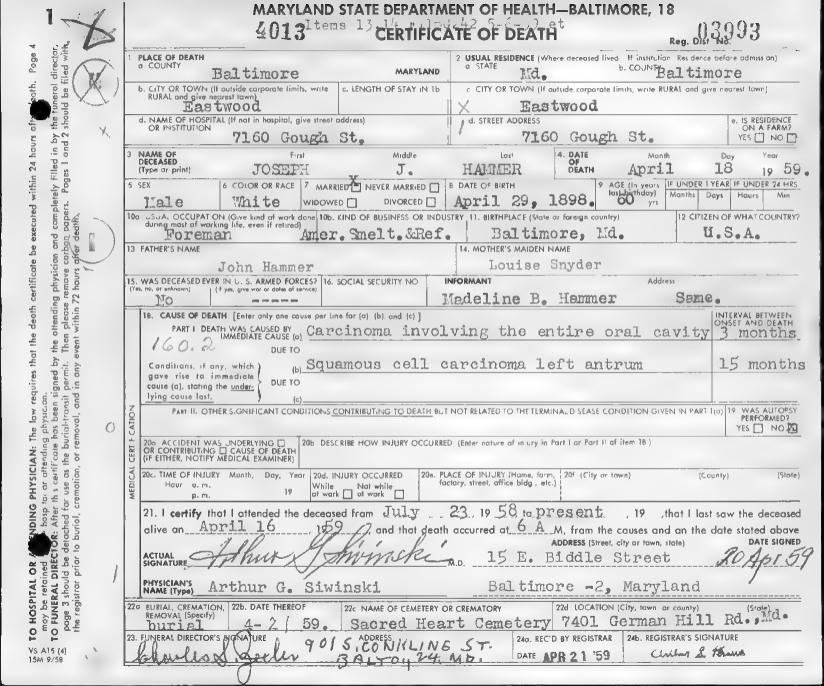
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea, Dist. No. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY a STATE Filed **b. COUNTY** Bal-to. MARYLAND Md_ Baltimore b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give negrest lown)
Catonsville Balto. d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? 3522 Virginia Ave. Caton Ridge Nursing Home YES NO TO NAME OF Middle 4. DATE DECEASED BLANCHE GUISE April ANGELINE (Type or print) DEATH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8 DATE OF BIRTH completely lost birthdov) Oct.16,1883 Months Doys Hours white female WIDOWED [7] DIVORCED 20 yes 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

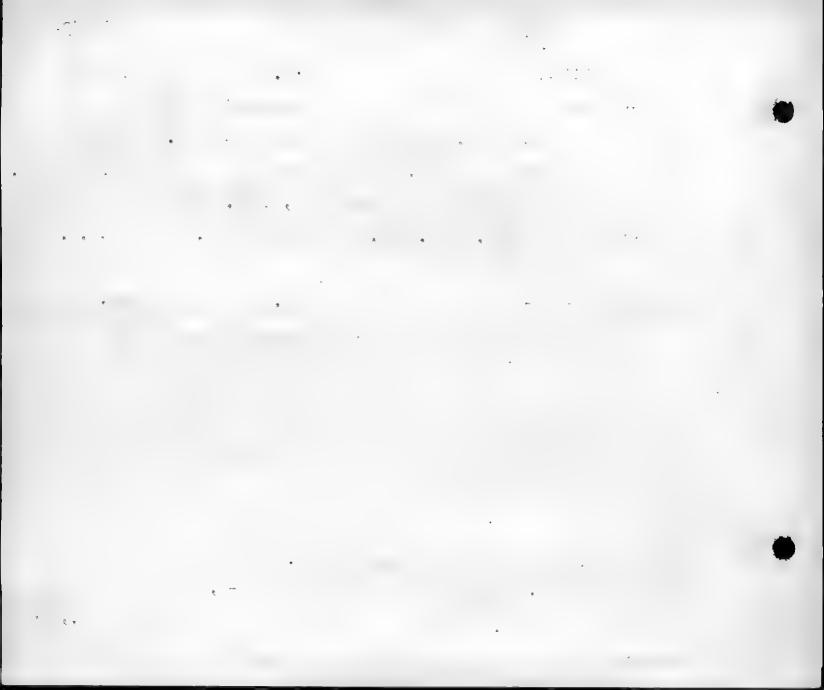
10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Towa Homemaker 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Edward J. Bodie May Stockwell 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Vernon Barber - 3522 Virginia Ave. none 16. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: 420.1 **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** cause (o), stoting the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I[0] 19 WAS AUTOPSY PERFORMED? YES INO IT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d INJURY OCCURRED (County) (State) fectory, street, office bldg., etc.) Hour o. m. White Not while of work of work p. m. Jan 13 , 1957, that I last sow the deceased 21. I certify that I attended the deceased from and that death accurred of 4 A.M. from the causes and on the date stated above. alive on ADDRESS (Street, city or town, slote) ACTUAL SIGNATURE 5 Ð PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. 226. DATE THEREOF 22d. LOCATION (City Town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Slote) REMOVAL (Specify) Rose Hill Cem Camanche, Iowa Removal 0 23 FUNERAL DIRECTOR'S SUBNIATURE **ADDRESS** 246. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR V\$ A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY Baltimore b. COUNTY Baltimore Filed MARYLAND Marvland oeath ical stal b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 49 RURAL and give nearest town) shauld Fullerton Fullerton d. NAME OF HOSPITAL-(If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Forge Road Forge Road YES TO NO TO NAME OF **First** Middle 4. DATE Lost Doy Month Year DECEASED OF DEATH Louise H. Poges (Type or print) Gwynn April 1059 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday)
778 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Davs Haues Female Colorad WIDOWED M 6-13-1881 DIVORCED [7] yrs. compli 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or lareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Housewife Marvland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Nelson Frances C. Derrick IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Forge Road Mr. Lewis Gwvnn lerton. Md. 18. CAUSE OF DEATH [Enter only one cause per Ing/for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND/DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) **DUE TO** ۵ Conditions, if any, which gave rise to immediate **DUE TO** catte (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISSASE CONDUTION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 🕰 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIPE HOW IMMURY OCCURRED. (Enter nature of injury in Part New Part II of Jun 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, 20f (City or town) Day, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg._etc-l Q, Ym While Not while at work p. m. at work 21. I certify that Vattended the deceased fram that I last saw the deceased ached alive an M, fram the causes and on the date stated above. ADDRESS (Street, city brotown, state) DATE SIGNED priar 2 should O FUNERAL D page 3 should the registrar HOSPITAL PHYSICIÂN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (State) REMOVAL (Specify) fount/79 Longgreen Balto Co. 4**-7-**59 o 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE L+0 6 578 Biddle Cischer S. Frank VS ATS (4) DATE 15/A 9/SS







TO HOSPITAL OR AITENDING PHYSICIAN: The low requires that the Meath certificate be executed within 24 Maurs offer

may be retained the haspital ar attending physici TO FUNERAL DIRECT. After this certificate has been page 3 should be detached for use as the burial-trap the registrar prior to burial, crematian, ar removal.

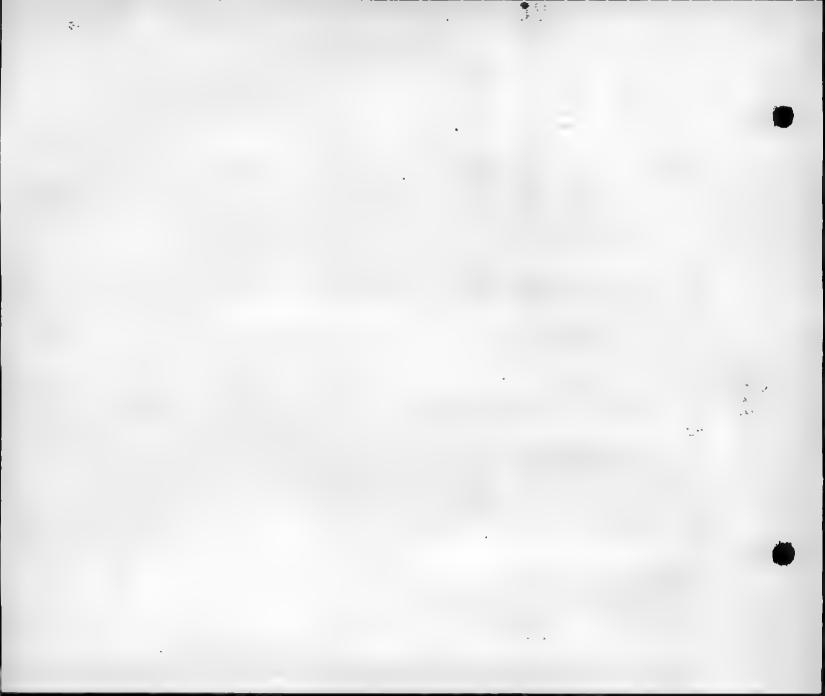
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4014 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

03994

Ren Dist No

. E						neg. 513	1. 110.
1	PLACE OF DEATH	Timore	MARYLAND	2. USUAL RESIDENCE (W o. STATE		Commercial I	e before admission) MOPE
		If outside corporate limits, write	c. LENGTH OF STAY IN 16		outside corporate la	mits, write RURAL and g	
	RURAL and give n	SW SON	2445 7 mos	lh a	hervill		
ľ		IAL (If not in hospital, give street	oddress)	d STREET ADDRESS			e IS RES DENCE
	Sheppan	d + Enah Pr	att Hospita	1206 Se	minary	quenue	ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	Nora	waring	Hatch	4. DATE OF DEATH	april	Day Yeor 11 19 5 9
- 1	Female	6. COLOR OR RACE 7. MARI	RIED PREVER MARRIED DE DIVORCED	NOWEMBER 20	las	and the facilities of the second of the seco	YEAR IF UNDER 24 HRS Days Hours Min
٦	Oa. USUAL OCCUPATE during most of work	ON (Give kind of work done 10b king life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stold	/ "		ZEN OF WHAT COUNTRY
Ī	3. FATHER'S NAME		19 CHE	14. MOTHER'S MAIDEN			<i>u</i> .5,
	Fra	NU I	Duncan	Clara	Eur	n504	
	S. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.	1	NFORMANT Erwest C.	Hatch	Address	
		DUE TO	ne for (o), (b), and (c).] rebro-Vascu eaeralized				INTERVAL BETWEEN ONSET AND DEATH / WCCL
	gove rise to i couse (o), stating lying couse last.	mmediate (
	PART II OTH	TER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PART	1(a) 19 WAS AUTOPSY
	PART II OTH						PERFORMED? YES NO P
	200. ACCIDENT WA	AS UNDERLYING [] 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	O. (Enter noture of injury in	Part I or Part II of	tem 18)	
1	20c. TIME OF INJUR Hour o. m. p. m.	While	NJURY OCCURRED 20e. PL Not white t of work	ACE OF INJURY (Home, form story, street, office bldg., atc	7. 20f. (City or tex	en) (Co	ounty) (Slate)
	ACTUAL SIGNATURE	earwel		2, 1956, to 4. occurred at 830	PM, from the ADDRESS (Street, c	causes and on the	e date stated above. DATE SIGNED
	PHYSICIAN'S NAME (Type)	Leonard J	T. Epsteil	n un Q			*********
2	20 BURIA, CREMATIO REMOVAL (Specify) Burial	April 15.1959	220 NAME OF CEMETERY O			City, fown, or county)	(Stole)
2	3. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS		D BY REGISTRAR	24b REGISTRAR'S SIGI	
	John Sur	ns! Sons, Towso	n. Maryland	DATE AT	PR 1 5 '59	Cathua ?	H. wa



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR

VS A15 (4) 15M 10/57

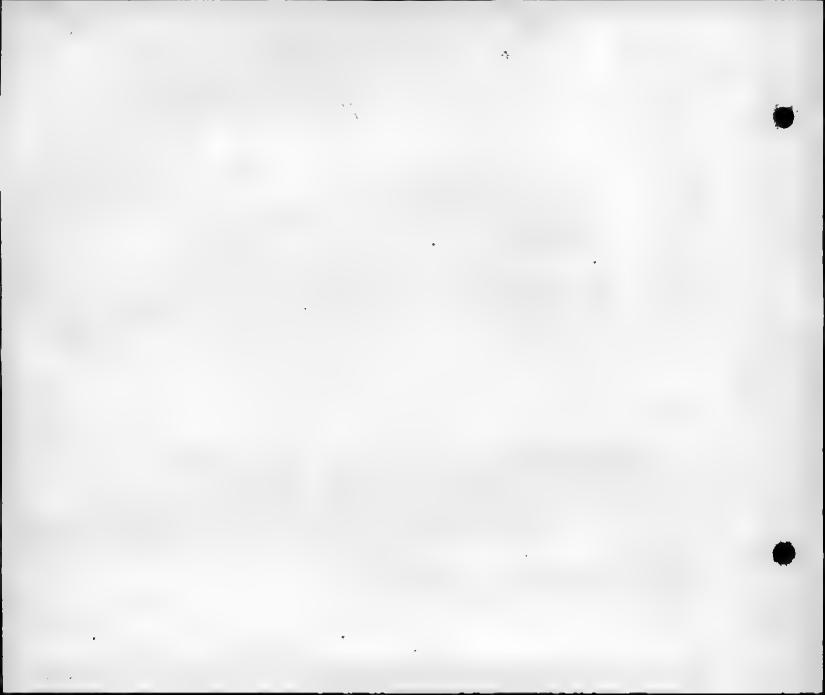
17

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4015 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

03995

Reg. Dist. No.

ı	1. PLACE OF DEATH			2 USUAL RESI	DENCE (Where deceo			before admission)
	O. COUNTY Baltimos	-e	MARYL	o. STATE	Yary land	b. COUNTY	Balt.	imare
	b CITY OR TOWN (If outside corpore RURAL and give nearest lown)		c. LENGTH OF STAY II	N 16 c CITY OR	TOWN (If outside car	porote limits, write l	RURAL and give	nearest town)
ı	Cutonsville		10 mes 15 d	45 18 1BHI	Klibblist1	'/ Ba y ne	esville	
ľ	d NAME OF HOSPITAL (If not in has	pital, give street	address)	d STREET /	ADDRESS		,	e. IS RESIDENCE
3	Spring Grove S	state t	lospital	1924	(E. Jo,	opa Ro	acl	VES NO ID
f	3. NAME OF	First	Middle	Lo:	si 4. DATE	Moi	nth	Day Year
	OECEASED (Type or print) E/m 6		Benson	2 1	/ 05	H Apri	·/ ·	11 1959
	5 SEX 6. COLOR OR Why t	/_ 1	RIED NEVER MARRIEL		H ノクフラ	9. AGE (In years last birthday)	Months Do	YEAR IF UNDER 24 HRS
ŀ		- 11.0011	- 141	<u> </u>	, 10 //	82 m	1	
	180. USUAL OCCUPATION (Give kind of during most of working life, even if EIRCFLICIAM (TT	retired)		4.4	LACE (State or fareign	country)		N OF WHAT COUNTRY:
ļ		a) s	elf emp.		ryland			1. S. A.
	George Hobb	7			MAIDEN NAME			
ŀ					known			•
ı	15. WAS DECEASED EVER IN U. S. ARME			17 INFORMANT			tress	11
į	NO		None	Recards	Spring	CHONE .	31978	1105 p 1 10
	18. CAUSE OF DEATH [Enter only		ne for (a), (b), and (c).]					INTERVAL BETWEEN ONSET AND DEATH
ł	PART I, DEATH WAS CAUSE IMMEDIATE CA	USE (o) IN	farctive my	ocardial fi	brosis			months
	1 12 () ~ 1	UE TO						. = .
ı	Conditions, if ony, which)	(b)Ar	teriosclero	tic cardiov	ascular d	isease		Jears/42
ı	gove rise to immediate cause (a), stating the under-	UE TO						
1	lying couse lost.	(c) Ge	neralized a	rterioscler	rosis			years
ı	PANT II OTHER SIGNIFICAN	CONDITIONS	CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GI	VEN IN PART I	(o) 19. WAS AUTOPSY PERFORMED?
-	3							YES) NO
1	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	20b DES	CRIBE HOW INJURY OC	CURRED (Enter nature o	if injury in Part I or P	ort II of item 18)		
1	UF EITHER, NOTIFY MEDICAL EXAM	NER)						
1				10e. PLACE OF INJURY (Hame, farm, 20f (C	ity or town)	(Cou	nly) (Slote)
	Hour o.m.	19 of wor		foctory, street, affic	e Diag., etc.)			
ı	21. I certify that I attended	d the decem	ad from Marci	4 17 1055	in April	/ // 10.55	7 16-2 1 1-2	t saw the deceased
ı	glive an April 11	10 -						date stated above
ı	dive dii zi p		and mark	realit accorned ac		am the couses ((Street, city or town,		DATE SIGNED
ı	ACTUAL SIGNATURE Price	o Kai	aurkas	- MD JA	ide (him	je St.	Hospi	hal 4/12/50
	PHYSICIAN'S BRUNO	RAD	AUSKAS	/	Cate	moviel	2, Ma	(
	220. BURIAL, CREMATION, 22b DATE T REMOVAL (Specify)	HEREOF	22c. NAME OF CEMET	TERY OR CREMATORY	22d. LOC	ATION (City, town,	ar county)	(State)
	Burial 4/11	/59	Druid Ri	dge Cem.		Pikes	ville.	Md.
	23. FUNERAL DIRECTOR'S SIGNATURE	Y	ADDRESS		24a, REC'D BY REGI	STRAR 246 REG	STRAR'S SIGNA	
4	11	Va	er X		APR 1 5 3	Dy an	Church & Al	-114





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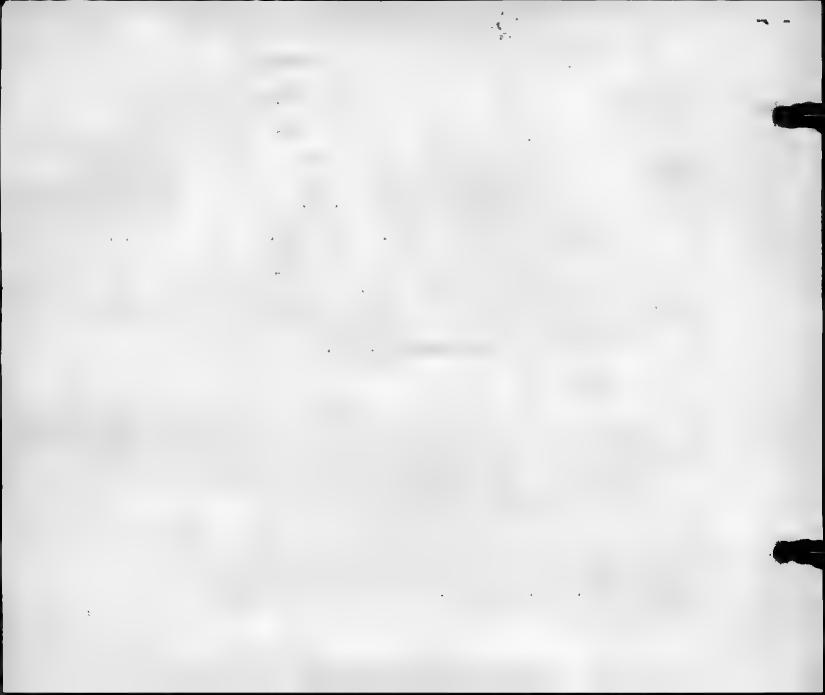
X.

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4017 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

03997

P. PLACE OF DEATH Baltimore MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE 1.d b. COUNTY Baltoe					
b. CITY OR TOWN (if outside corporate limits, write RURAL C. LENGTH OF STAY IN 15	c. CITY OR TOWN (If autside corporale limits, write RURAL and give nearest town)					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 205 Drookside Rie	d, STREET ADDRESS 205 Brookside Rd o. IS RESIDENCE ON A FARMAN // YES NO					
3. NAME OF DECEASED William Frederick Middle Holm (Type or print)	DEATH 47 19 77					
5. SEX Itale 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	Feb. 17: 1916 45 yrs. Months Days Hours Min.					
during most of working life, even if retired) Good Numor Co.						
13. FATHER'S NAME Ray mud Huckey	14. MOTHER'S (MAIDEN NAME) & Bell					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, no, ar unknown] [If Jos. give was or dries of services] [Additional of services]	My Roall Holines Brookedil					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians. If ony, which gave rise to immediate couse (a), stating the underlying cause last. (c)	of the liver					
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO ,,					
FRIMARY or CONTRIBUTING	(Enter nature of injury in Part I or Part II of Item 18.)					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pt. While Nat while far at work of wark	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or tawn) (County) (State)					
21. I certify that I taak charge of the remains described ab death resulted from: Natural causes, Accident, Some signature						
NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 11-27-59 Callo Viale	OR CREMATORY 22d. LOCATION (City, 1949), or Edwiny) (STOTE)					
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	DATE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE CASHING & THAMA					



1 1			MARYI	AND S	TATE DEPART	MEI	NT OF HEALTI	H-BAL	TIMORE, 18		
			4	18	CERTIFI	CAI	E OF DEATI	Н		() 3 Reg. Dist. No	998
director, filed with	1.	PLACE OF DEATH					USUAL RESIDENCE (W	here decease			
			imore		MARYLAN	-	Maryl		4-	alle	
8.8		b. CITY OR TOWN { RURAL and give n	If outside carporate limi earest lown)	ls, write c	LENGTH OF STAY IN	ь	c. CITY OR TOWN (IF	autside carpo	irate limits, write RUR	AL and give ne	carest tawn)
Should	L	Fort Ho	ward. Md		57 Days		Balti	BOTTO	31	V 11 4	
# 4g >> 50		d. NAME OF HOSPI OR INSTITUTION	IAL (If not in hospital, g	ive street add	lress)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
~ _			VAHOSIS	7.			1627 Re	isters	town Road		YES NO 🔽
i p	3.	NAME OF DECEASED	Fire	st.	Middle	***	Lost	4. DATE	Month	D	ay Year
filled ges 1		(Type ar print)	PAI	п	W		HOOT	DEATH	April		3 1950
Poges	S. :	SEX	6. COLOR OR RACE	the second secon	NEVER MARRIED	8. 1	DATE OF BIRTH		9. AGE (In years III		R IF UNDER 24 HRS
rs.		Male	White	WIDOWED [January 20.	1926	33 yrs	Manths Days	Haurs Min
completely papers. Poi	10a	. USUAL OCCUPATION	DN (Give kind of work o king life, even if retired)	ane 10b KIN	ID OF BUSINESS OR IN	DUSTR	11. BIRTHPLACE (State	ar fareign c	ountry)	12 CITIZEN	OF WHAT COUNTRY
and cor		Truck Dri			eight Co		Baltin	more.	Maryland	U. S	. A
e de fa	13.	FATHER'S NAME					4. MOTHER'S MAIDEN I	NAME			
2 9 2 2		Carl F.	_Hoot				Elizal	beth B	aer		
Phy mon hom	15 IYe	WAS DECEASEDEVE	R IN U.S. ARMED FOR		CIAL SECURITY NO. 1	INFO	RMANT		Addres	5	
		Yes	WW II		3-16-1666	Cli	Rec. Vet.	. Adm.	Hospital.	Ft Hov	ward, Md
ending Neose r ithin 72		IB CAUSE OF DEA	ATH [Enter anly ane ca								ERVAL BETWEEN SET AND DEATH
the day	1	PART I, DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (a)	ACR	DMEGALOGIGA	NTI	SM MS				NKNOWN
The The		272X	DUE TO			J. Mills - 1.1.					
A ii. Q		Conditions, if a									
signed in or		gave rise to i couse (a), stating						*****			
E S S S S	_	lying cause lost.) (c)								
ropen :	CERTIFICATION	PART II. QTI	HER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	INAL DISEAS	E CONDITION GIVEN	I IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
ng ph ng ph burial remov	₹										YES NO
ding ofe bo	RTIF	20a ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCRIE	E HOW INJURY OCCU	RRED (inter nature of injury in	Part I or Par	III of item IB.)		
iffice iffice the the	1										
o de d	MEDICAL	20c. TIME OF INJUR Hour o. m.	Y Manth, Day, Yea	v 20d INJU While	RY OCCURRED 20e.	PLACE	OF INJURY (Home, form, street, affice bldg., etc.	1, 20f. (City	ar tawn)	(County)	(State)
this c	Æ	p. m.	TT A 19	of work	at work			"			
d fo		21. I certify th	at Mattended the	deceased	from Februar	y_5	, 1959 , to A]	oril 3	19 595	and days	10000000000
e ho r. Af lochec buriol		alive ensors		od/2000	and that de	ath oc	curred at 6:30				
defoct to bur		-1	2	17	1 1				reet, city ar tawn, sta		DATE SIGNED
DIRE DIRE		ACTUAL SIGNATURE	134 661	my	Tarth	M.D	VAH F	P HOWA	RD, MD		4/3/59
D D D		PHYSICIAN'S		· i							
De retorna JNERAL DI e 3 should registrar pr			OHN W. CRAU	FORD,	M.D.						
FUNE FUNE Oge 3	220	BURIAL CREMATIC	N, 226 DATE THEREO	2	Co. NAME OF CEMETER	ORC	REMATORY	22d. LOCA	TON (City, tawn, ar i	caunty)	(State)
O FUN Poge the re		Burial	17/6/19	59 M	eadowridge			Bal	to. Md		
¥ VS A15 (4)	23.	FUNERAL DIRECTOR	S SIGNATURE /	,	ADDRESS Rand	aces	Coren 240. REC	P BY REGIST	RAR 246 REGISTR	AR'S SIGNATU	RE
1SM 10/57		Loring By	ers 8728	Libert	y Heights,			. • 53	Cittàn	7 S. Heran	4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 OLS CERTIFICATE OF DEATH

4019

()3999 Reg. Dist. No.

			· · · · · · · · · · · · · · · · · · ·						
Balt:	l mana		MARY		2 USUAL RESIDENCE 6. STATE	1 _	l. If institution (5 COUNTY		
Dart.	rmore				Mar	yland		Balti	.more
b. CITY OR TOWN (If outside corporate limits, write RURAL and give recors) town 1. Lutherville						(If outside corporate Sinerville	mils, write RURA	L and give near	rst fown)
			44 3		-				
OR INSTITUTION	AL (If not in hospitol, g Othoridge	Rd.	looressj		d STREET ADDRES		ge Rd.		ON A FARM? YES NO
3 NAME OF	Fin	1	Middle		Lost	4. DATE	Manth	Day	Yeor
(Type or print)	GEORGE	Ţ	WASHINGTO	N	HOPKINS	OF DEATH AD	ril 10.	1959	19
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE	D 🔲 🖟	DATE OF BIRTH		E (In years IF)		F UNDER 24 HRS
Malr	White	WIDOWE			J,,ne 15,1		82 ym.		Hours Min.
10a USUAL OCCUPATION	DN (Give kind of work of king life, even if retired)	lone 10b. I	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (S	tote ar foreign country			WHAT COUNTRY?
Contract		Bı	ailding		Maryla	nd		USA	
13. FATHER'S NAME					14. MOTHER'S MAID		1		
James	Hopkins				Ellen	Chaney			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	ES? 16 9	SOCIAL SECURITY NO	. 17 IN	IFORMANT		Address		
No			None		telle B.	Hopkins,	151 Oth	oridge	Rd.
18 CAUSE OF DEA	ATH [Enter only one co	ise per lin	e for (a). (b), and (c)	c	01/ -	120			VAL BETWEEN
PART I. DEA	TH WAS CAUSED BY. IMMEDIATE CAUSE (a)		marcale	11 8	Harry 17	ar Vinc		ONSE	T AND DEATH
40.00		7	The part of the pa			The state of the s			
			Murian	.1	. h				0 1.
Conditions if a	mmadiate (porge occ	40.	CICATI	<u>reney</u>			24
Couse (a), sloting			/	/	1/2-11	- /			
lying couse lost) (c)				rences				
ART II. OT	HER SIGNIFICANT CONI	XITIONS <u>C</u>	ONTRIBUTING TO DEA	TH BUT I	NOT RELATED TO THE T	ERMINAL DISEASE CON	IDITION GIVEN		WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT W	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20Ь. DESC	RIBE HOW INJURY O	CCURRED	. (Enter noture of injur)	in Part t or Part II of	item 1B)		
OR CONTRIBUTING	MEDICAL EXAMINER)								
\$ 20c. TIME OF INJUS	RY Month, Doy, Yes	r 20d. IN	IJURY OCCURRED	20e PLA	CE OF INJURY IHome	form, 20f (City or to	wn)	(County)	(State)
20c. TIME OF INJUING Hour om.	19	While of work	Not while	Foci	ary, street, office bldg.,	elc.)			
₹ p. m.		OI WORK			. 6-	- V	A ===		
21. I certify the	ru) I oftended the	decease	d from	161	Q 5 19 2 7, to	_Cfrus_1	U19.54	nat I last sav	w the deceased
alive on	2/21LX - 16	7 19 5	fine, and that	death	occurred at 71	M, from the	causes and	on the date	stated above.
	1	Cit	1.			ADDRESS (Street	ity of town, stol	o) ₂ ,	DATE SIGNED
ACTUAL SIGNATURE	11 -	1/1	Tey91	A	10. 156	M. Ulet	Lon C	we.	
PHYSICIAN'S NAME (Type)	WM.GI	SE	YER		Balti	more, to.			
220 BURIAL, CREMATIC	N, 226 DATE THEREO	F	220 NAME OF CEMI	TERY OR	CREMATORY	22d. LOCATION	City, town, or co	ounty)	(State)
BUT 14 (Specify)	4/12/59)	Smithla	nd		Rains	vood, Vi	rginia	
23 FUNERAL DIRECTOR			ADDRESS		249. 1			R'S SIGNATURE	
Wm Cook-	fowson, Inc	. 10	050 York	Rd.	Towson	IPR 1 2 '50		0 4	

447 4

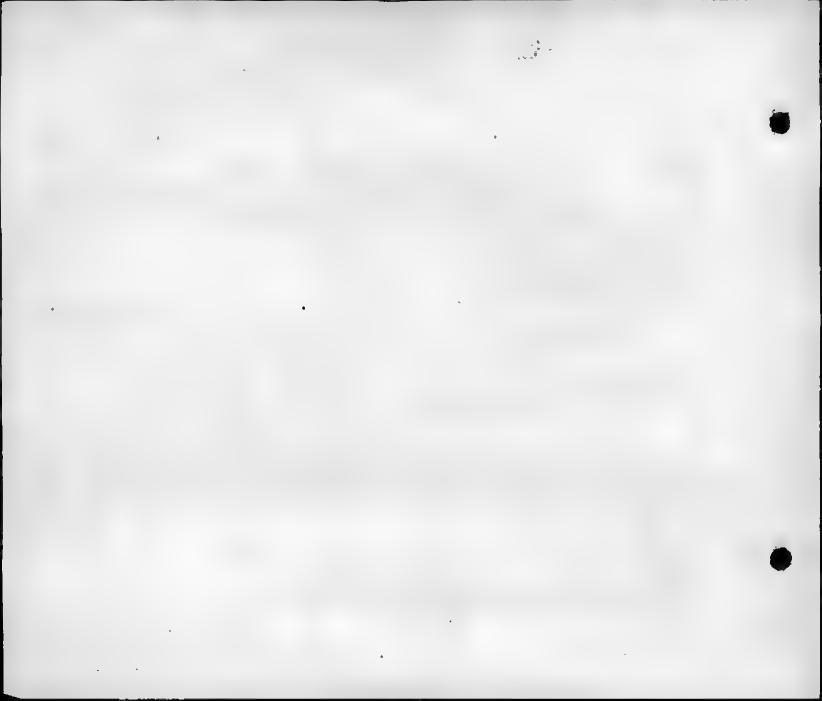
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained the hospital or attending physicion.

TO FUNERAL DIR OR: After this certificate has been signed by the ottending physicion and completely filled in by Juneral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event withTITP2 hours offer death.

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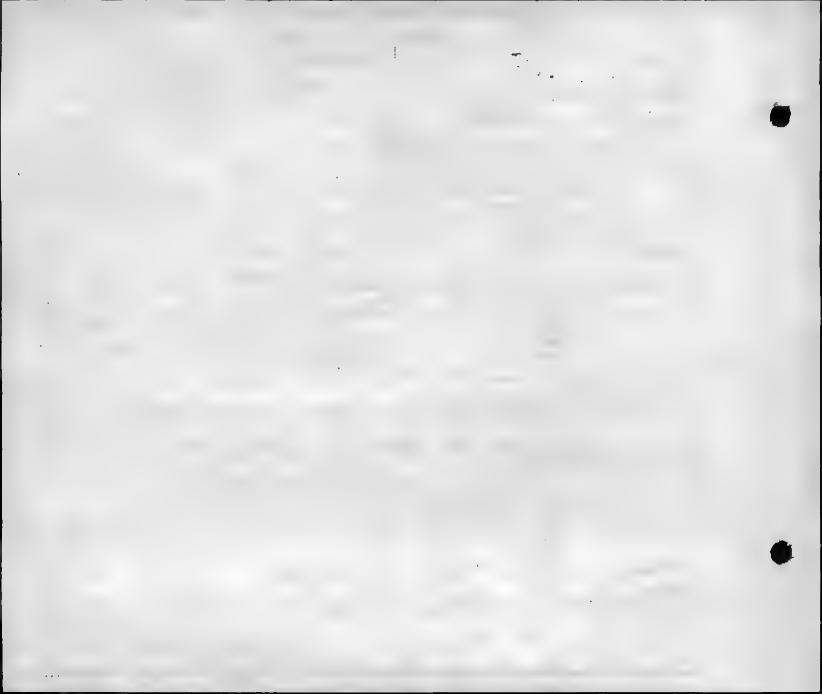
VS A1S (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

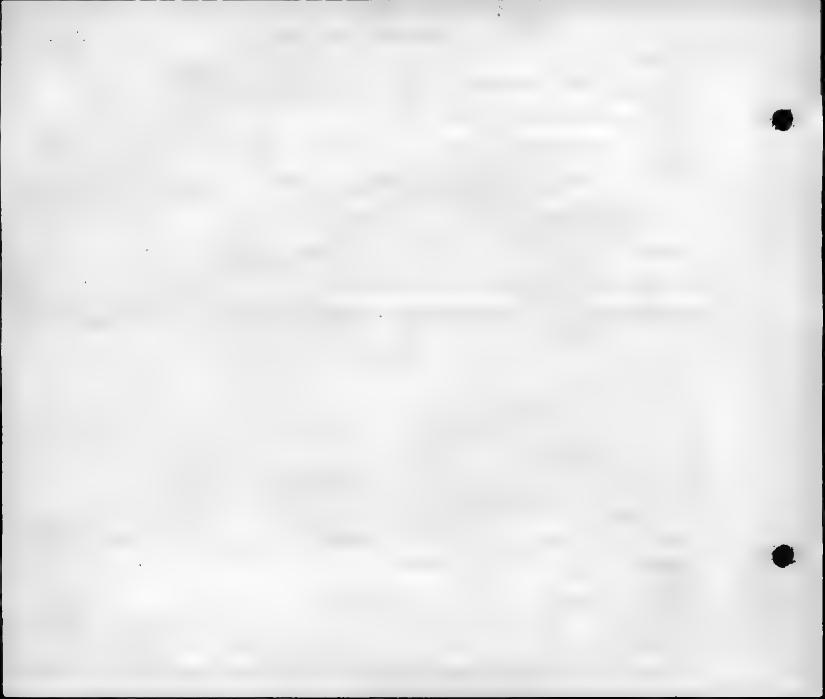


1		MARYLAND STATE DEPA	RTMENT OF HEALTH—BALTIMO	RE, 18
್ ಚಿಕ		4021 CERTII	FICATE OF DEATH	() 4 () () 1 Reg. Dist. No.
director) [PLACE OF DEATH COUNTY MARY!	AND 2. USUAL RESIDENCE (Where deceased lived If b. C	institution Residence before admission)
old be		b. CITY OF TOWN (If outside corporate limits, write RURAL and give negrest town) Coffees with the company of the control of t	N 1b c. CITY OR TOWN (If outside corporate limits,	write RURAL and give nearest town)
X X		d. NAME OF HOSPITAL of not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS Cyba Rd.	e. IS RESIDENCE ON A FARM? YES NO
filled in	L	NAME OF DECEASED Fine Middle (Type or print) ALLEN .	Howard OF DEATH	Month Day Year
pletely prs. Page		6. COLOR OR RACE 7. MARRIED NEVER MARRIE WIDOWED DIVORCE	ma 26/946 7	in years IF UNDER 1 YEAR IF UNDER 24 MRS. Inhiday) Manths Doys Hours Min.
execum and cam an pape death.	L	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	= mid.	12 CITIZEN OF WHAT COUNTRY?
sician a ve carb rrs after	13	ORLANDO HOWARD	FLEANOR NAME	PADDEN
eath certitic) 15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 10 or unknown) If yes, give wor or doles of service) WONE	ORLANDO HOWAK	Address CockEYSUTLL
e attend en plea ni within		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	rolitis - chronic	Down Interval Between onset and Death
s mor i d by the mit. Th ony even		Conditions, if any, which) by Maling	etretion	, exace
require ian signe nsit peri and in c		gove rise to immediate couse (a), stating the under-lying cause lost. DUE TO	cy	Sank Birth
the law g physic has bee rrial-tra mayal,	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA		PERFORMED? YES NO
CIAN: Hending Hificate s the bu n, at re	At CERTII	(IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Port I or Port II of item	18)
ital or o this cer or use o rrematio	MEDIC	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of work	Oe. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)	(County) (State)
After After ached for burial, o		21. I certify that I attended the deceased from	death occurred at 93 M, from the ca	that I last saw the deceased above.
ed fire to line to la		ACTUAL SIGNATURE SALES SALES	M.D. Rescus On	m3 mg 4-2-59
SPITAL Con retain 3 should gistrar p		PHYSICIAN'S JZMCS GASJE	1 Reisterator	un Md
O FUNDA O FUND	L	Herial 4/4/59 Law	TERY OR CREMATORY 22d. LOCATION (City,	pielle gred.
VS A15 (4) 15M 9/55	27	FUNERAL DIRECTOR'S SIGNATURE?" ADDRESS 11. L. KELLA LILLER L 1701 W.	24a, RECO BY REGISTRAR 24 21. CUPLOU GOATE APR 6 '59	6. REGISTRAR'S SIGNATURE CIrthury S. Huma
		bal	to med	



CERTIFICATE OF DEATH I director, filed-with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Witere deceased lived, if institution Residence before admission) o. COUNTY a. STATE **BZCOUNTY** MARYLAND death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN of outside corporate limits, write RURAL and give nearest town) 8 RURAL and give nearest town) should d. NAME OF HOSPITAL (If not in hospital/give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM YES 🔲 NO pup _⊆ NAME OF Middle **DATE** Month Day DECEASED OF DEATH (Type or print) 5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED AGE fin years last/birthday) IF UNDER 1 YEAR OF UNDER 24/HRS 8. DATE OF BIRTH Months Hours DIVORCED [7] WIDOWED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 AURTHPLACE (State or foreign country) 12 DITIZEN OF WHAT COUNTRY? during most/of working life, even if retired) carban 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME гетате 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending ease CAUSE OF DEATH SEnter only one conse-per line for (al., (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH ₻ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE 10** permit, in any Conditions, if any, which ! gave tise to immediate DUE TO cause (a), stating the underlying couse last. burial-transit PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Day, Year 20d. INJURY OCCURRED (State) (County) Hour a. jn. factory, street, office bldg., etc.) While Not while at work at work p. m. 21. I certify that I attended the deceased from 19.27 that I last saw the deceased ond that death occurred M, from the causes and on the date stated obove. ADDRESS (Street, city or town, state) SIGNATURE D 0 FÚNERAL 1 PHYSICIAN'S 22c. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) page REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S ALGNATURE RY REGISTRAR Calling S. Krous

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTME EALTH-BALTIMORE, 18 Items 1 5 6 7 Film G212, 5-8-5 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY p. STATE b. COUNTY NAME OF TAXABLE PARTY. b. CITY OR TOWN (If autside carporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Dundalk d NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM? 20 YES NO Home 2, NAME OF DATE First Middle Year Filled DECEASED (Type or print) DEATH 190 IF UNDER I YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED 9 AGE (In years last birthday) Manths Days Hours Min. Q yrs WIDOWED F Male ā 10a. USUAL OCCUPATION (Give kind of work done 10b 12 CITIZEN OF WHAT COUNTRY? foreign country) COL during mast of working life, eyen If retyred) and carbon 13. FATHER'S NAME MOTHER'S MAIDEN NAME physician S. ARMED FORCES? 16, SOCIAL SECURITY NO INFORMAN1 Address thending CAUSE OF DEATH [Enter only one cause per lithel for (a), (b), and (c) INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY ō IMMEDIATE CAUSE (a) DUE TO 2 Canditians, if any, which signed gave rise to immediate Dec **DUE TO** cause (a), stating the underlying cause last. PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? has YES IN NOT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Post I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year NJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f (City or town) (County) (State) factory, street, affice bldg, etc.) Haur a.m While 19 at wark all war 21. I certify that I attended the deceased from 7.thot I lost sow the deceased to. 61ond that death accurred M. from the couses and on the date stated above. ADDRESS (Street, city or town, state ACTUAL ray be retained FUNERAL DIREC prior SIGNATURE 3 should PHYSICIAN'S NAME (Type) 22b, DATE THEREOF 220 BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (State) page REMOVAL (Specify) 0 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR VS A15 (4) arthur & Thous 1SM 9/SB



TO HOSPITAL OR 17 TANDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after feath. Page 2 may be retained the hosp tall or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hydrs after death.

VS A1S (4) 15M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4023

CERTIFICATE OF DEATH

()4004 Reg. Dist. No.

1 1													
	PLACE OF DEATH	re		MARYLAN	1D 2	usual resid Liviin e	C tilc	ere decesses ut	i lived. If institut b COUNTY)
	b CITY OR TOWN (If autiside carporate limits, write RURAL and give neorest lown) RURAL and give neorest lown) 3 YIS				Ъ	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)							
			3	Yrs.		40	erbu	ry	4	12			
	OR HUST THE OF	Vursing Ho	me			d. STREET AC	DORESS					ON A FA	KRW5_
	NAME OF DECEASED (Type or print)	Mary First	A.	Hüghe	S	lasi		4. DATE OF DEATH		T- 59	Day	, Yea	*
	Female	6. COLOR OR RACE White	7 MARRIED 1	IEVER MARRIED [275	-7-187			9. AGE (In years last birthday) O yrs	IF UNDER Manths	Doys	Hours	Min,
	Oa. USUAL OCCUPATION during most of world HOUSEV	ON (Give kind of work di king life, even if retired) VII C	one 10b. KIND OF	BUSINESS OR II	NDUSTRY	n. Birthpla Birim					ZEN OF	WHATCOU	NTRY?
),	3. FATHER'S NAME Willian	Smith			1-	A. MOTHER'S A		INNE					
	S. WAS DECEASED EVE	R IN U. S. ARMED FORCE		ECURITY NO.	INFO	RMANT			Add	fress			
	(Yes, no, prantipown)	(If yes, give war or dates of Tell	VICE		Mrs,	Ethe	1 M.	Кур	er, 827	Par!	c Ar	<u>ле.</u>	
		ATH (Enter only one country WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO	se per line for (o)	(b), and (c).]				7 7	7.		ONS	RVAL BETWEET AND DE	
	Canditions, if o	ny, which) (b).		A = = = ==		1 . 2 . 1					, "	atd is	100
	gave rise to i cause (a), sloting	m mediate (-)		Z		2						
	lying cause last.) (c)		* ° .	~ -	1					2,4		
	PART II OTH	HER STGNIFICANT COND	ITIONS CONTRIBU	ITING TO DEATH	BUT NO	T RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PAR	7 1(o) 15	PERFORM PERFORM	HED'S
	OR CONTRIBUTING	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE HO	W INJURY OCCL	JRRED (E	inter nature af	injury in F	Part For Par	t II of item 18.)				
	20c TIME OF INSUE Hour a m.	Y Month, Doy, Year 19	While No	CCURRED 20st while wark	PLACE foctory	OF INSURY (H , street, affice	ame, farm bldg , etc.	20f. (City	ar town)	(0	County)		(\$tote)
	21. I certify th	at [attended the				19	to	1,0-1	, 19	that I la	ist saw	the dec	e asec
1	alive an	12 121	, 19 5 /	, and that de	eath ac	curred at	712	M, from	the causes a	nd an the	date	stated a	bave
	ACTUAL SIGNATURE	Carl H	KRIT	2.6	M.D.	4	<u> </u>	ADDRESS (S	treet, city ar lawn	, state)		DATE S	IGNED
4	PHYSICIAN'S NAME (Type)	Trank 1	4 700	150 K	2 <u>Z</u> Z.		1		· · · · · ·	<u> </u>		*	
	120. BURIAL CREMATIC	Burial	W-M-G-1 1 11	AME OF CEMETER		REMATORY			non (C'ly, tawn,	or county) Conn	•	(State)	
2	3. FUNERAL DIRECTOR	'S SIGNATURE	AD AD	DRESS	00		24a. REC'I	D BY REGIST	RAR 245 REG	ISTRAR'S SIG	GNATUR	E	
1	Towell,	H. Meur	EC. M	Resu	de	2 8. Well	DATE AP	R 1 3 3	59 6	rimos 9	then	ull	



may be retained the hospital or attending physician. TO FUNERAL DIRECTA: After this certificate has been signed by the attending physician and completely filled in by the mercal director, page 3 should be detached far use as the burial-transit permit. Then please remove carban pages? Pages 1 and 2 should be filed with the registror prior to burial, cremation, ar remayal, and in any event within 72 hours after defith. death Page M

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 laurs after

TO HOSPITAL OR

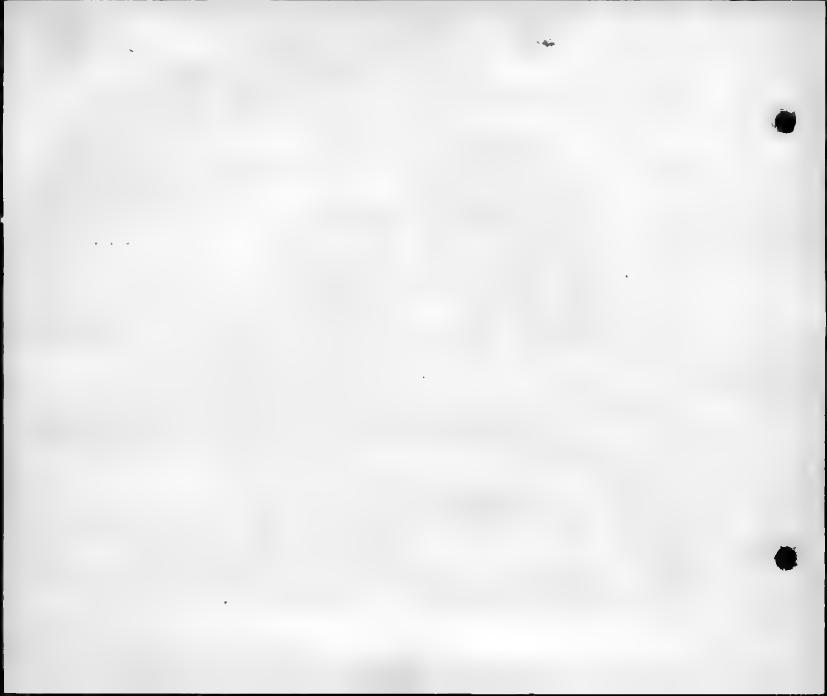
VS A15 (4) 15M 10/57

4024

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

Reg. Dist. No. 4005

1. PLACE OF DEATH O. COUNTY BALLIMOTE MARY	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence of Taryland Carvert	before admission)
b. CITY OR TOWN (If outside corporate limits, write Catonsville 2 yrs	VIN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give Olivet	
d NAME OF HOSPITAL (If nor in hospitol, give street address) OR INSTITUTION Spring Grove State Hospital	d street address None	e IS RESIDENCE ON A FARM? YES M NO
3. NAME OF DECEASED (Type or print) (Jennie) First ALICE VIRGI.	e tost 4. DATE Month OF DEATH April	20 Year 19 59
5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRI Female White WIDOWED ☑ DIVORCE	losphiribdoy) Months D	YEAR IF UNDER 24 HRS
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN		A.
John B. Jey	Henrietta F. PARKER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO	77. INFORMANT Address	
No No	Hospital r cords	
18. CAUSE OF DEATH [Enter only one cause per line for (o). (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal brown	onchopneumonia	INTERVAL BETWEEN ONSET AND DEATH LL CAYS
gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> DUE TO	rotic cardiovascular disease	
CATIC	FATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
	OCCURRED (Enter noture of injury in Port 1 or Port II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of vork	20e. PLACE OF INJURY (Home, form, foctory, street, office bldg , etc.) (Cou	inty) (Stote)
21. I certify that I attended the deceased from July	t death occurred at 1 A M, from the causes and on the ADDRESS (Street, city or fown, state) M.D. Spring Grove State Hospital	
220. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEM	AETERY OR CREMATORY 22d LOCATION (City, town, or county)	(Stole)
130R146 ARX 12,195 OLIVE 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS N	T CEMETERY CLIVET - CALVER	2760-110
Hackman Fundad Home	24a REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN DATE BDD 2 2 159 Outling 8.1	



4025 **CERTIFICATE OF DEATH** Reg. Dist. N I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) o. COUNTY b. COUNTY MARYLAND ii. b. CITY OR-TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 C. SHY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) P d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSHIBITION ON A FARM? YES T NO T 3 NAME OF Middle Lost DATE Manth Year Day DECEASED (Type or print) DEATH 191 9. AGE (In years last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH Months Days Hours WIDOWED GL DIVORCED | 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY [1] BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN Act Iress Buipu 2 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND BEATH a PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) **DUE TO** á Canditians, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(b) 19. WAS AUTOPSY PERFORMED? YES NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o m. While Not while p. m. at work 🔲 of work 21 1 certify that I attended the deceased from 2.that I last saw the deceased alive on and that death occurred fram the causes and an the date stated above. ADDRESS (Street DATE SIGNED ACTUAL SIGNATURE Ğ. should PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 22b DATE THEREOF CEMETERY OR CREMATORY (Stote) EMOVAL (Specify Ó FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR VS A15 (4) DATEAPR 1 3.159 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 9/SS

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1	4	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4026 CERTIFICATE OF DEATH

()4007 Reg. Dist. No.

1. PLACE OF DEATH 0. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o STATE And Land b. COUNTY Baltimore
b. CITY OR TOWN (If auside corporate limits, write RURAL and give nearest town) Or Town III auside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If aulside carporate limits, write RURAL and give nearest town) X Parkville
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 9802 Hilltop Drive	d. STREET ADDRESS 9802 Hilltop Drive 9802 Hilltop Drive 9802 Holltop Drive 9803 No 3
3. NAME OF PITT Middle OCEASED (Type or print) Mr. ROY L. Je	enkins OF April 5th 19 55
	B. DATE OF BIRTH April 20, 1899 9. AGE (In yours lift UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min
100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRIES OF MORE DULLDING The even if retired) Balto (o. Ma	1 1/2 1/CA
13. FATHER'S NAME John W. Jenkins	Gertrude Kliningham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 III 18 give wor or dotes of sorvice) 212-03-8374	Mrs. Gerturde L. Jenkins, same
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (a), stating the under lying couse lost. (c)	y Occlusion Interval Between ONSET AND DEATH
CATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II af item 18.)
	ACE OF INJURY (Home, form, 20f. (City or lown) (County) (Stote) ctory, street, effice bldg., etc.)
21. I certify that I attended the deceased from alive on Arrill 4, 1957, and that death SIGNATURE 9. THE SIGNATURE PHYSICIAN'S A MAME (Type) A M. TRACON	occurred at 7.45 f.M., from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNEY M.D. 28/07/07/07
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CHARGOOD PARKWOOD	Cemetery Baltimore, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leonard Q. Ruck 5305 Hartond Road	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE LOTE OF THE PROPERTY OF TH

At After this certificate has been signed by the attending physician and completely filled in by the peral director, detached for use as the burial-transit permit. Then please remaye_garbon papers Pages 1 and 2 should be filled with burial, crematian, ar remayal, and in any ==nt within 72 pours after death.

death. Page 4

requires that the death certificate be executed within 24 hours after

the registrar prior is burial, crematian, or removal, and in any

page 3 should be may be retained TO FUNERAL DIREC TO HOSPITAL OR

VS A15 (4) 15M 10/57

4027

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

04008

Reg.	Dist.	No.
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-			7 4							KAR' DI)I. INO.		
T	PLACE OF DEATH O COUNTY B.	altimore		MARY	LAND	2 USUAL RES o. STATE		ere decesse land	d lived. If institut b. COUNTY		ce before	e admissio	in)
1	b. CITY OR TOWN (If	autside carporate limi	its, write	c. LENGTH OF STAY	IN 16	c. CITY OR			prote limits, write I	RURAL and	give neor	rest tawn)	
	RURAL and give ne	arest tawn) S VILLO		3mthsl6dv	rs	Balti				2 V J	_	1	
	d. NAME OF HOSPITA		give street o		J	d STREET				¥ 1-2"		. IS RESID	DENCE
L	OR INSTITUTION SPRING GR	OVE STATE	HOS	SPITAL		4217	Flower	ton F	loa d			ON A F	
3.	NAME OF	Fir	rst	Middle	I	Lo	pel	4. DATE	Мо	nth	Day	Ye	ear
	OECEASED (Type or print)	Nel	lie	Clare	9	Jero	me	OF DEATH	April		9		9 59
\$.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED 🕅	B. DATE OF BIR	ТН		9. AGE (In years	IF UNDER	4"	IF UNDER	
	female	white	WIDOWE	DIVORCE	0 🗆	April 2	. 1878	}	lost birthdoy) 81 yrs	Months	Doys	Hours	Min
10	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS C	OR INDU				ounity)	12. CIT	IZEN OF	WHAT C	OUNTRY
	sale slad	ng life, even if retired V	,			Mar	ylland				U	s.	A.
13.	FATHER'S NAME						S MAIDEN N	AME					
	Chaun	cey Jerome					Anna F	lock					
15	WAS DECEASED EVER	IN U.S. ARMED FOR		SOCIAL SECURITY NO) 17. H	NFORMANT			Ado	lress			
10	unknown	T yes, give wor or dates of s		Inknown	Re	cords:	SPRIN	IG GF	OVE STA	TE H	OSPI	TAL	
	18. CAUSE OF DEAT	TH Enter only one co	use per lin	ne for (o), (b), and (c).	1						LINTE	RVAL BETY	WFFN
		H WAS CAUSED BY-			•	anndia	sroomil	om di	90090		ONSI	ET AND D	EATH
	4.2.2./ DUE TO Arteriosclerotic cardiovascular disease												
	Conditions, if ony, which gove rise to immediate (b) Generalized arterioclerosis									-			
	cause (a), stoting the <u>under-</u> lying couse lost.												
Z		ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED T	O THE TERMIN	NAI DISEAS	E CONDITION GI	VEN IN PAR	I 1(a) 15	. WAS AL	UTOPSY
Į₽̃				frac. rt.								PERFORI	MED?
15	200 ACCIDENT WAS			RIBE HOW INJURY O					t II of item 18.)			112 [2]	МОП
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH			- CONNE	(Line) No. or a	or mjer, m						
MEDICAL	20c. TIME OF INJURY	Month, Day, Ye		JURY OCCURRED	20e PL	ACE OF INJURY	(Home, form,	20f (Cily	or town)	(0	County)		(Stole)
18	Haur o.m.	19	While of work	Not while	100	arony, sineer, orm	ce diog , enc.,						
	21. I certify the	at I attended the	decease	ed from Dec.	. 22	19 58	3 10 4	_ 4	- 10.5	9 that I	ort ro	w the d	brance
	alive an 4	- 9 -	. 19						n the causes				
		0 .	1.1	- /	acom	accorred a			treet, city or town,		ie dun		TE SIGNED
	ACTUAL SIGNATURE	Stella	wac	ester		M.D SF	RING	GROVE	STATE	HOS	ITAL	, 4-9	9-59
	PHYSICIAN'S	tella Wach	sler	м. D.				77 0	0 14 7	,			
-									8. Maryl				
722	BURIAL CREMATION	Apr. 11/		22c, NAME OF CEM	_				TION (City town,			(State)	
151	11 171	IADE ALL	שלה	Greenmo	O Prati		(1)		more. N	10			

240 REC'D BY REGISTRAR

DATE APR 1 0 '59

24b REGISTRAR'S SIGNATURE

Circlian S. House



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4028

CERTIFICATE OF DEATH

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Rea. Dist. Na

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	400	/
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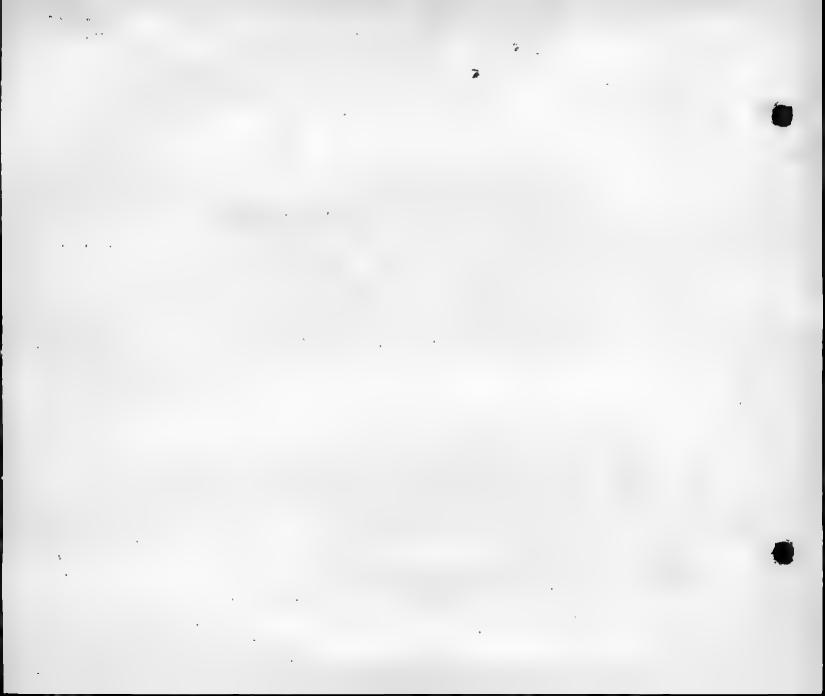
y be retained the chaspital or ottending physicion.

UNERAL DIREC.: After this certificate has been signed by the attending physicion and campletely filled in by the eral director, as 3 shauld be detached for use as the burial-trapait-permit. Then please remove corbon papers. Pages 1 and 2 should be filled with registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4

2	e E	5	Bod	the
		A1:		

				wan bisi.	140.				
1. PLACE OF DEATH o. COUNTY Baltimore	Y MARYLAND	2. USUAL RESIDENCE (W 0. STATE Maryl	1.	If institution, Residence COUNTY Balti					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporate lim	its, write RURAL and giv	e nearest tawn)				
Catonsville	3yr20dys	F2 Catonsvil	.le						
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS			e IS RESIDENCE ON A FARM?				
	SPITAL	314 Staff	ord Drive		YES NO				
3 NAME OF First DECEASED (Type or print) Emma	Middle Calb	Johnson	4. DATE OF DEATH	Month	Day Year // 19 5 9				
5. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	8 DATE OF BIRTH	9. AGE		YEAR IF UNDER 24 HES				
female white woow	ED DIVORCED	SERT.16.	1892 6	birthday) Manths D	oys Hours Min				
100. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (Stole	or foreign country)	12 CITIZ	EN OF WHAT COUNTRY?				
housewife	HOME	Maryla		U	. S. A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME						
Unknown Ka	OLB	Unknown							
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17 P	NFORMANT		Address					
	nknown I	Records . SPF	EIG GROVE	STATE HO	SPITAL				
18 CAUSE OF DEATH (Enter only one couse per li	ne for (a), (b), and (c).]				INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY.	erebrovascula	at acciden	+		ONSET AND DEATH				
3/X DUE TO					many year				
Conditions if ony, which) (b) G		7							
gave rise to immediate DUE TO									
lying couse lost. (c)									
PART II. OTHER SIGNIFICANT CONDITIONS OF 1714 et 105 cle to fic he			INAL DISEASE COND	ITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO []				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D (Enter nature of injury in	Part I ar Part II af iti	em 18)					
		ACE OF INJURY (Home, form	1, 20f. (City or tawr	1) (Co.	unty) (Slate)				
Hour a.m. White p.m. 19 at war	- , and an interest	out, men, and vog , en	·/ i						
21. I certify that I attended the deceos	ed from April S	9 , 19 59 , to 1	oxil 11	. 19.5 2 that I la	st saw the deceased				
olive an April 11 , 19:	21. I certify that I attended the deceased from April 9, 1959, ta April 11, 1959, that I last saw the deceased olive an April 11, 1959, and that death occurred at 4 P. M. from the causes and on the date stated above.								
2 2	0 /		ADDRESS (Street, city	y or lawn, state)	/DATE SIGNED				
SIGNATURE JEWNS KG	chaus has	MD. SPRING G	ROVE STA	TE HOSPITA	L 4/11/1959				
PHYSICIAN'S BRUNO R	ADAUSKA.	J' Catonsvil	le 28, Ma	ryand	////				
220. BURIAL, CREMATION, 226. DATE THEREOF REBIOVAL (Specifi) 4-14-59	frem Luly	R CREMATORY	22d LOCATION (C	ty, lawn, or caunty	(Slate)				
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 REC	D BY REGISTRAR	24b. REGISTRAR'S SIGN	ATURE				
Layelly June 12 Hom	c-Citomwills	MEN. DATEAP	R 1 6 '59	Cather & A					



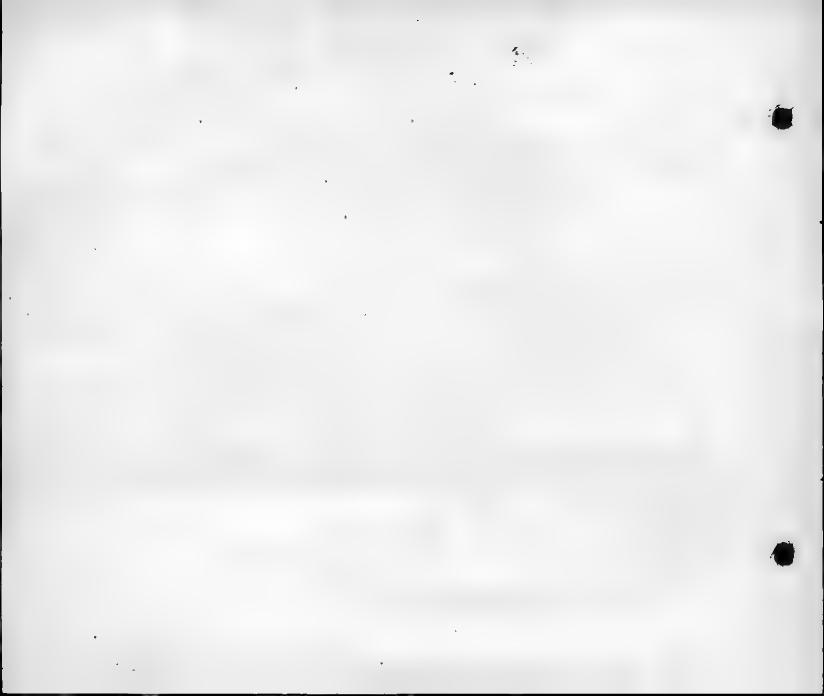
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4029 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) · COUNTY Pelij o. STATE **6. COUNTY** Baltimore MARYLAND Marvland 70 CITY OR TOWN (If outs de corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Fort Howard 2 days Baltimore d NAME OF HOSP TAL (If not in hospital, give street address) OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE Veterans Administration Hospital YES NO N Bond Street NAME OF DECEASED First Middle 4. DATE Month Yeor SHOVINE (Type or print) JOHNSON DEATH April 1 19 59 _____ 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5 SEX B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours Mala Negro WIDOWED | DIVORCED [March 13 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Steel Cutter Steel Mill Manning, South Carolina U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter Johnson ALICE WAITERS IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes Clinical Records. VA Hosp. Ft. Howard, Md. 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: STATUS ASTHMATICUS Unknown IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stoting the underond lying couse lost. **burial-transit** been CERTIFICATION PAIR II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(s) 19 WAS AUTOPS remayor PERFORMED? ô YES NO X 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18) certificate CAI 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) ZEO. Hour o.m. foctory, street, office bldg., etc.) While Not while of work of work P. 78. 21. I certify that Wattended the deceased from April 23 , 1959, to April 25 , 1959 Marking the record to the control of the co ADDRESS (Street, city or town, stole) DATE SIGNED FUNERAL DIREC ě VAH. FORT HOWARD. MD. 2 should PHYSICIAN'S ROLANDO D. PONCE de LEON, M.D. SHIPPED co 220. BURIAL CREMATION, 22b DATE THEREOF 22: NAME OF CEMETERY OF CREMATORY Society Hill AME Church Cemetery 22d LOCATION (City, town, or county) pode REMOVAL (Specify) Removal Manning. South Carolina 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) ARMINGTON S. PHILLIPS FUNERAL HOME DATE APR 3 0 '59 arthur & Henry 15M 10/57 1808 N. Monroe St. Balto 17. Md.



1	7	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 JE	-1/	Ł	2030 CERTIFICATE OF DEATH () 4011 Reg. Dist. No.
Poge 4 director, Herd, with	M)	1.	PLACE OF DEATH O. COUNTY BALTMORE MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) O. STATE ATV BALD B. COUNTY BALTMORE MARYLAND
Per or Pe			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) A YES RURAL ON SON
rs ofter d	χ		d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 620 DUNKINK RA 620 DUNKINK RA 9. IS RESIDENCE ON A FARM? YES DUNKINK
24 hou led in t			NAME OF DECLASED AND STATE Month Day Year OF DECLASED
within 2 etety fills Pages		\vdash	SEY 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS lost birthday) Months Days Min
complet		101	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
and bon	۱ 🛥 ۱	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
physic emave		FY	WAS DECFASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Address (I) yes, give wor or doller of vervice)
Seath ce rending please n		H	IB CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH
of the of Then			PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO DUE TO
quires the			Conditions, if ony, which gove rise to immediate course (a), stating the under-
icion een s		l _z	PANT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
he la Phys riolty		CATIO	PERFORMED? YES 1 NO 14
fending ificate I the bu	5	L CERTIF	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC of or of this cert r use as		MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a. m. 19 While Not while of work of
DING hospit Affer ied fo	5 §		21. I certify that I attended the deceased from Sept., 1940, ta 4-23, 195 Lihat I last saw the deceased
de too			alive an 7-20, 19, 5, and that death occurred at 11:15PM, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED
DIRECT DI	1		SIGNATURE Jamen & Francoully MD.
SPITA De reto HERAL 3 shor	2	220	PHYSICIAN'S NAME (TYPE) GRANT LICE V. S. FILMUMER. 2711 Fall Pd Buttell and. BURIAL CREMATION (226) DATE THEREOF 120, NAME OF CHEMETERY OR CREMATORY - 1204 LOCATION (174) AND THE THEREOF
o HOS may b o FUN Poge		2	PREMOVAL (Specify) 4-27-1959 MORS and Mem, PARL BAFTIMES Md
VS A15 (4) 15M 10/57	1	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE APR 28'59 Orilla & Kraus
		-	

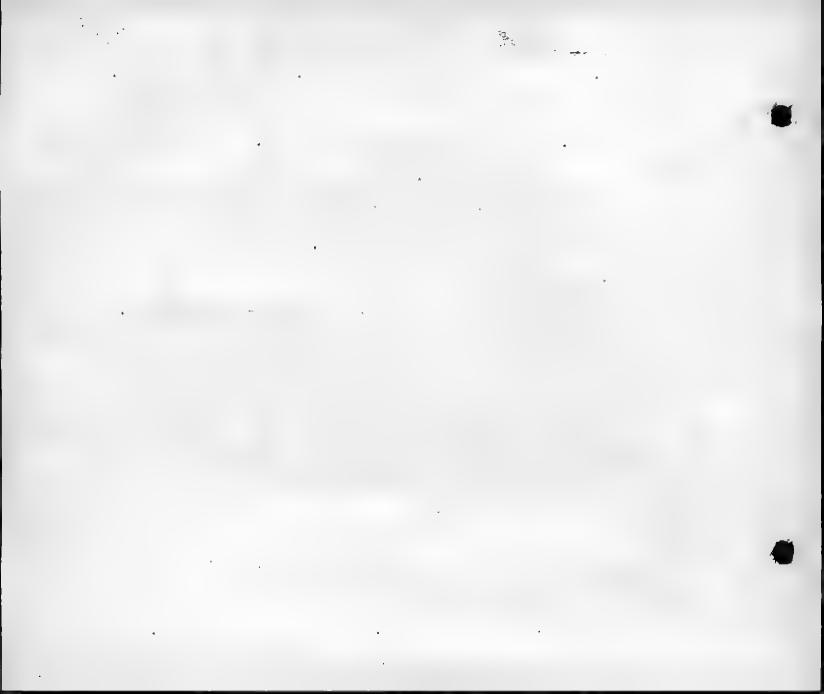


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 4031 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) g o. COUNTY o. STATE **5. COUNTY** MARYLAND Baltimore Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) shauld Pikesville Pikesville after d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? kesville mstead Olmstead YES NO [7] 3. NAME OF First 4. DATE Middle Lost Month Year DECEASED OF (Type or print) DEATH James 19 50 5. SEX 6. COLOR OR RACE 9. AGE (In years lost birthday) MARRIED THE NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS completely Months Days Hours WIDOWED [7] DIVORCED [Nale 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Retired U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Pauline Mush 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT IYes, no, or unknown) (If yes, give way or dates of service) **Olmstead** one Mrs. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 1220. **DUE TO** 40 carditis any Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the under-501010313 lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YE5 🗍 NO 🔀 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d INTURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year (County) (Slote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 1957, that I last saw the deceased 21. I certify that I attended the deceased from 111 Con and that death accurred at 5.30 A.M. from the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) 3 8 220. BURIAL, CREMATION, 225, DATE THEREOI 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) agod (Stote) REMOVAL (Specify) .7959 Ridge Cemetery Anril29 Pikesville 9 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) arthur I thouse DATE ISM 10/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 7035 director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) . COUNTY Balto. o. STATE Md. b. COUNTY . Balto. MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give nearest lown) Catonsville Catonsville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR NSTITUTION ON A FARM? Lambeth Rd. 119 Lambeth Rd. YES NO NAME OF First Middle 4. DATE Year DECEASED OF DEATH NANNTE M. KTNG April (Type or print) 10 6. COLOR OR RACE 7. MARRIED [] NEVER MARRIED [] B. DATE OF RIPTH AGE (In years last birthday) IF UNDER I YEAR IF HINDER 24 HPS July 9. 1874 whi te Months Days female Hours WIDOWED PA DIVORCED [pop≡s. yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife at, home 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicion remove Wallace W. Dalrymple Susan (unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address tending Lambeth Pd. Mrs. Evelyn Russ = 119 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN To. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES TO NO T 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Hame, form, 20f (City or town) Day, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. .. 1952, that I last saw the deceased 21. I certify that I attended the deceased from... and that death accurred at 6:10th M, from the causes and on the date stated above. alive on 🖊 ACTUAL SIGNATURE PERMAN NAME (TYPE) 22g. BURIAL CREMATION, 22b. DATE THEREOI 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stole) REMOVAL (Specify) Woodla wn, Md. Woodlawn Cem. Buri al 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Chilbur S. House VS A15 (4) DATEAPR 2 2 '59 15M 10/57

after



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No. I director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where decepsed lived If institution: Residence before admission) COUNTY o STATE **b** COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ARROWS P NAME OF HOSPITAL (If not in hospital, give street address) **#. STREET ADDRESS** B. IS RESIDENCE ON A FARM YES NO .6 6 NAME OF 4. DATE Month Filled DECEASED (Type or print) 19 🖼 5. SEX 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (in years last by inday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days DIVORCED | COMPL 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BETHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) MISLWOU 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME certificate IS WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SEGRETY NO. INFORMANT fit yes give war or dates of service! CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which been signed gove rise to immediate **DUE TO** couse (o), stoting the underlying couse last, burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) [19. WAS AUTOPSY PERFORMED? \triangle NO 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Part II of item 18.] (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20f. (City or lown) 20c. TIME OF INJURY 20d. INJURY OCCURRED Doy, Year (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while 19 of work 🔲 of work P. m 21. I certify that I attended the deceased from 19 54 that I last saw the deceased and that death accurred at M, from the causes' and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL prid å SIGNATURE should PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL_(Specify) Buria, 959 Oak Cemeterv Coa O 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Dundalk 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item lc. Film G241. 4/17/59 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived III institution: Residence before admission) o. COUNTY Baltimar **b.** COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 RURAL and give nearest town) as Baltimare vrs.9mosl7 Catons VILLE d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Grove State Linnard 3. NAME OF First Middle DECEASED OF DEATH (Type or print) 6. COLOR OR RACE 7- MARRIED NEVER MARRIED P B DATE OF BIRTH 9 AGE (In years lost birthday) WIDOWED [DIVORCED | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) OUSEWOLK 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Barbara 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Grove State Husp Records None othending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART 1. DEATH WAS CAUSED BY: Terminal pneumonia IMMEDIATE CAUSE (6) **DUE TO** Arteriosclerotic cardiovascular disease Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (o), stoting the under-Generalized arteriosclerosis lying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Right cerebellopontine angle tumor

20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18)

OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg. etc. o. m. While Not while of work of work ., 19<u>5 %,</u>that I last saw the deceased 21. I certify that I attended the deceased from APAI and that death occurred at 7:45PM, from the causes and an the date stated above. <u>ڇ</u> 3 shavid PHYSICIAN'S A 220. BURIAL CREMATION. 22b. DATE THEREOF 22d LOCATION (City, fown, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Western Cemetery Baltimore 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Inc., 1217 St. Paul Street

Rea. Dist. No

e. 15 RESIDENCE

HE UNDER LYEAR IF UNDER 24 HRS Dovs

Hours

INTERVAL BETWEEN ONSET AND DEATH

vears

vears

19. WAS AUTOPSY PERFORMED?

(Stote)

(County)

Orthur S. Knows

YES T NO

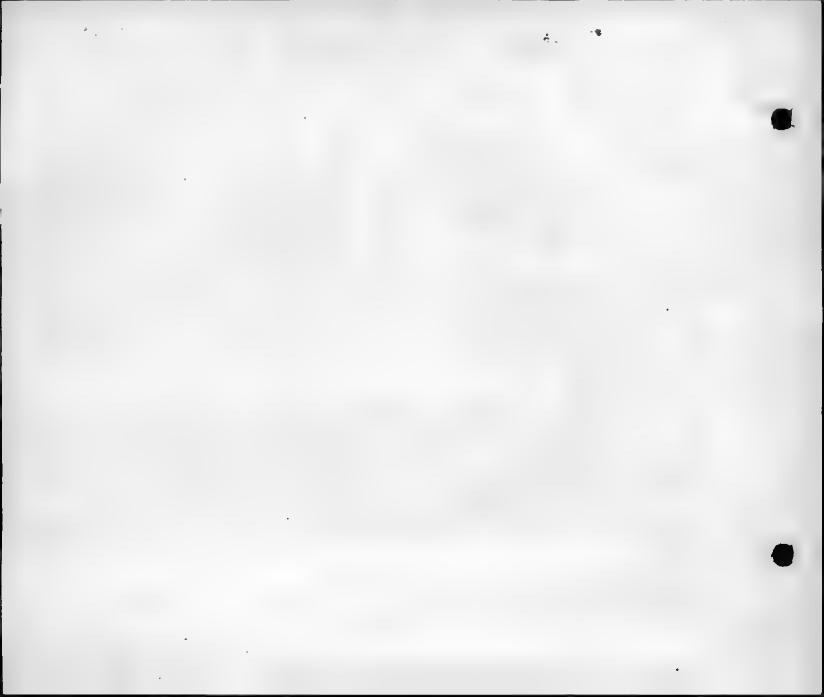
(Stote)

12 CITIZEN OF WHAT COUNTRY? U.S.A

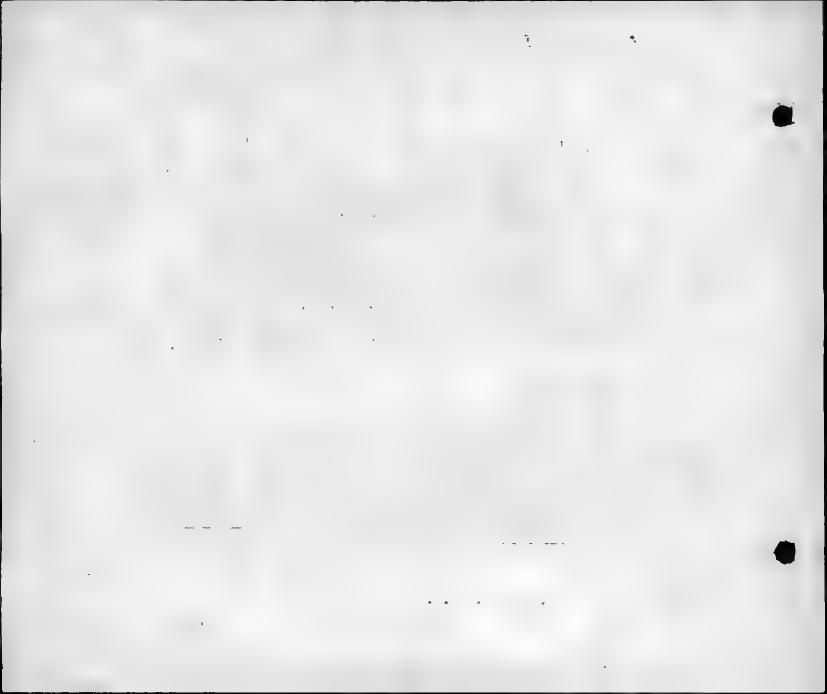
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VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) **o. STATE b.** COUNTY Baltimore Baltimore MARYLAND buriol, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) and give nearest town) Koseda Kosedale any detay is not funeral directs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE prior ON A FARM? files. 1509 O'Dell Avenue 1509 O'Dell Avenue YES NO NAME OF First Middle DATE Lost Month Day Year retained for your DECEASED OF DEATH April 59 KNAPP (Type or print) ADELINE HALL 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. WIDOWED | Female White DIVORCED | executed within 24 haurs after death.
I them 18. Give Pages 1, 2, and 3 to ith form PM3. Page 5 may be retaine ¥i. yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working (ife, even if retired) CH and Kentucku Houseund 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT permit. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclamtic Cardiovascular Disease. IMMEDIATE CAUSE (a) **burial-transit DUE TO** with Canditions, if any, which pencil gave rise to immediate couse Exominer's Office olong **DUE TO** (a), stating the underlying cause last. e PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 80 KATION PERFORMED? pending NO I 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) should the word MEDICAL 20c. TIME OF INJURY Month, Day, Year 20s. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED 20f. (City or tawn) (County) (Stote) factory, street, affice bldg., etc.) While Not while Q. m. 19 at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection ... Inquiry [and find that 9 Notural censes Accident . Suicide . Homicide , Undetermined cause to the Chie DATE SIGNED **ACTUA** CHIEF MEDICAL EXAMINER SIGNATURE forwarded to FUNERAL ASSISTANT MEDICAL EXAMINER removal. EXAMINER'S Paul F. Guerin. M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) o Parkwodd emeteru Burx.a23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5305 Hartord Road DATE APR 28 SM 9/55



04017

Day

Days

USA

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

12. CITIZEN OF WHAT COUNTRY?

IS RESIDENCE

ON A FARM?

YES | NO X

Year

19

Reg. Dist. No.

4036 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) Baltimore Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 RURAL and give nearest town) Towson Towson d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS 911 Southerly Rd. Towson 4.Md. Southerly Rd. NAME OF Middle 4. DATE First Manth DECEASED OF DEATH Kohlerman, Sr. Frank (Type or print) April 6. COLOR OR RACE 5. SEX 7. MARRIED ANEVER MARRIED AGE (In years lost birthday) Feb. 27,1886 DIVORCED [WIDOWED [7] Male 100. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) Pass Bureau B&O Railroad Marvland B&O Railroad Maryland 13. FATHER'S NAME Michael Kohlerman Pauline Keil 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT Address No 5-6685 F.L. Kohlerman, Jr. 322 Woodlawn Rd. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 420.1 DUE TO Conditions, if ony, which gove rise to immediate

INTERVAL BETWEEN ONSET AND DEATH Whant 4. days couse (a), stating the underlying couse lost. 10410 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1401 19. WAS AUTOPSY PERFORMED? YES NO A

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18)

200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH

MEDICAL 20c. TIME OF INJURY Month Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o. m While Not while of work of work

21. I certify that I attended the deceased from Light 4 19,01, that I last saw the deceased alive on_ and that death occurred at _M, from the causes and an the date stated above.

ACTUAL SIGNATURE:

NAME (Type) 220 SURIAL CREMATION. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) HEMOVAL Specify New Cathedral Baltimore

23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Wm.Cook-Towson, Inc. 1050 York Rd. arthur S. Kings

signed burial-transit och 20 5 FUNERAL D page 9 15M 9/55

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VS A15 (4)

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CERTIFICATE OF DEATH 4037 Rea, Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY **b.** COUNTY Baltimore MARYLAND Maryland Baltimore c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town), 1 timore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Montpelier Street Varuel Hvenue YES NO NO 4. DATE OF DEATH NAME OF First Middle Year Dov DECEASED (Type or print) anche Kouk 19 5. SEX 6. COLOR OR RACE 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED | NEVER MARRIED | B DATE OF BIRTH Months Days Houses Min DIVORCED X WIDOWED [7] emale 100 USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewite 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address 611 Daniel Ave. #14 Louk 18. CAUSE OF DEATH [Enter only one cause per, line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost PAIT IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? 0 YES NO | 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) Haur o. m. factory, street, office bldg., etc.) While Not while p. m at work at work 21. I certify that I attended the deceased from Zithat I last saw the deceased and that death accurred at .M. from the causes and an the date stated above. DATE SIGNED ACTUAL PHYSICIAN'S Baltimore. Marylana NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stg!e) REMOVAL (Specify) Parkwood Baltimore, Mary emeteru Duria 23. FUNERAL DIRECTOR'S SIGNATURE 24n, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE APR 2 7 '59 Hartord Kond Orthun 9 Hd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4039

CERTIFICATE OF DEATH

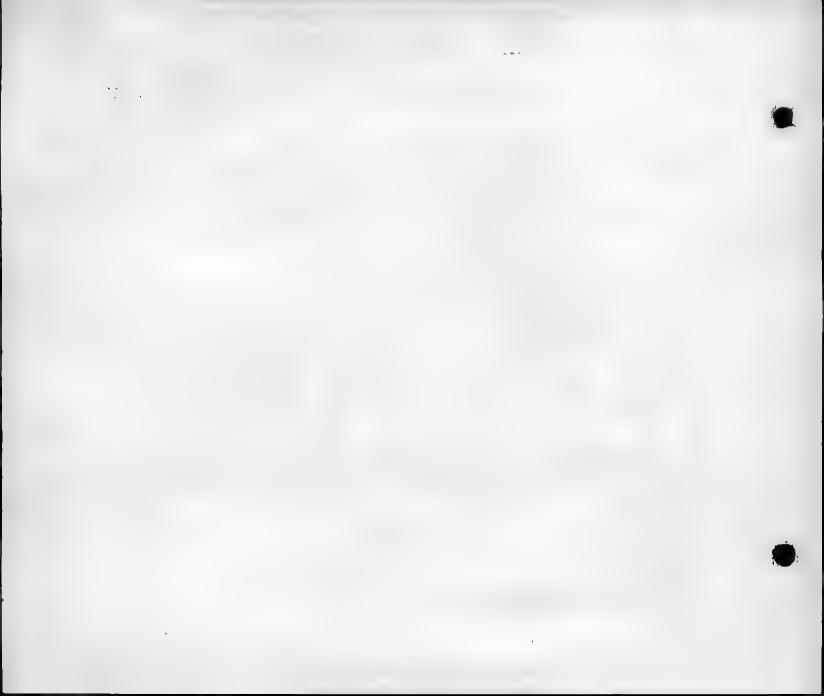
Reg. Dist. No. 20

	1. PLACE OF DEATH O. COUNTY Ballimore MARYLA	2. USUAL RESIDENCE (Where deceased lived If institut on Residence before admission) a. STATE Wary Land b. COUNTY.
	b. CITY OR TOWN (If autside carporate limits, write RURAL and, give nearest tawn).	b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Laly more
4	d NAME OF HOSPITAL (IF not in hospital, give street address) OR INSTITUTION Grove State Hospita	1 3206 Maytaur Road 1 ST RESIDENCE ON A FARM? VES PNO
	3. NAME OF DECEASED (Type or print) ROSE Middle	A FORTEZZA DEATH 4 22 1959
	5 SEX 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	From the Age is a lost prinday) Months Door House Min
\	10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR I during most of working life, even if retired)	NDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? 13 STZ
)	13 FATHER'S NAME Living Hyman	14. MOTHER'S MAIDEN NAME WOLLY
	15 WAS DECEASEDEVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. (Yes no. or unknown) Rf yes, give wor or dates of service)	Spring Grove H. Hoyo. Records
	18 CAUSE OF DEATH {Enter only one cause per line for (a), (b), and (c).} PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which } (b)	glomerulo nephrilis 2 months
	cause (a), stating the under- lying cause last. DUE TO (c)	, and the second
7	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH A 7 abeles Mells 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		IRRED. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not while at work 19 at work 1	p. PLACE OF INJURY (Home, farm, 20f. (City ar town) (County) (State) factory, street, office bldg., etc.)
	21. I certify that I attended the deceased fram. 2/1 alive on 12-4, and that deceased fram.	ath accurred at 150 P. M. from the causes and on the date stated above.
	ACTUAL STELLA WACHSLE	P.M.D. Spring Grove State Hospital 4/24
1	PHYSICIAN'S Stella Wachsler	Maryland
	primoval (Specify) apr 26/59 Bran &	rail Cong. Balto Mol. (State)
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1/26	DATE ADD 2 8 59

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained to hospital or attending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 shauther registrar prior to burial, cremation, or remayal, and in any event within 72 haurs, affer death.

VS A15 (4) 15M 10/57



VS A1S (4) 15M 10/57

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nec	NERAL DIRECTA: After this certificate has been signed by the attending physician and campletely filled in by the moneral director,	3 shauld be detached for use as the buriol-transit germit. Illen pleam remove carban papers Pages 1 and 2 shauld be filed with	egistrar prior to buriat, cremation, or mmamot, and in any event within 72 hours after death.
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D. C	RA	-S	istr
Z	7	63	D)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3927 **CERTIFICATE OF DEATH**

()4021 Reg. Dist. No.

o COUNTY	Balto.	MARYLAJ	II O STATE	Maryland	ased lived If instituti b. COUNTY	Balto	ore admission)
b. CITY OR TOWN RURAL and give of	(If outside corporate limits, wr nearest town)	c. LENGTH OF STAY IN		rown (If outside co Jundalk	rporote limits, write R	URAL and give ne	earest lown)
d. NAME OF HOSP OR INSTITUTION	TAL (If not in hospitol, give st 8538 Kavar		d. STREET / 85	odress 88 Kavanau	igh Rd.		e IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)		lian H _e	Lam Lam	4. DAT OF DEA	1	oth 0.	1 1959
5 SEX M	WID	MARRIED MEVER MARRIED OWED DIVORCED [4/6/	20	9. AGE (In years last birthdoy) yrs.	Months Doys	Hours M.n.
during most of wor	ON (Give kind of work done rking life, even if retired) OE Fitter	US Govet.		ACE (Stole or foreign gi nāā	country)	12 CITIZEN O	OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME			
Gro	ver Lam]	Bessie Mic	hael		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17 INFORMANT Famî	y	Add Sa		
Conditions, if a gove rise to couse (a), stoling lying couse lost.	immediate DUE TO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GIV	/EN IN PART (o)	19 WAS AUTOPSY
PART II. OT	G LJ CAUSE OF DEATH I	DESCRIBE HOW INJURY OCCL	JRRED. (Enter noture c	f injury in Port I or F	Port II of item 18.)		PERFORMED? YES NO
20c, TIME OF INJUI Hour o. m.	w	d. INJURY OCCURRED 204 hite Not white work of work	e. PLACE OF INJURY (factory, street, office	Home form, 20f. (C	iity or town)	(County)) (Slote)
21. I certify the control of the certification of t	hat I attended the dec (April 1) (Orris R MORRIS	259, and that de	M.D	ADDRESS	am the causes of (Street, city or town, IRAN R	and on the do	aw the decease of the stated above DATE SIGNE # - 2 2 - 5
220. BURIAL, CREMATIC REMOVAL CONC.	DN. 226. DATE THEREOF 4/24/59	220 NAME OF CEMETER National			ATION (City, town,		(Stote)
23 FUNERAL DIRECTOR McCully I	rs signature Funeral Homes	130 E. Fort Av	7e •	240. REC'D BY REG		STRAR'S SIGNATU	

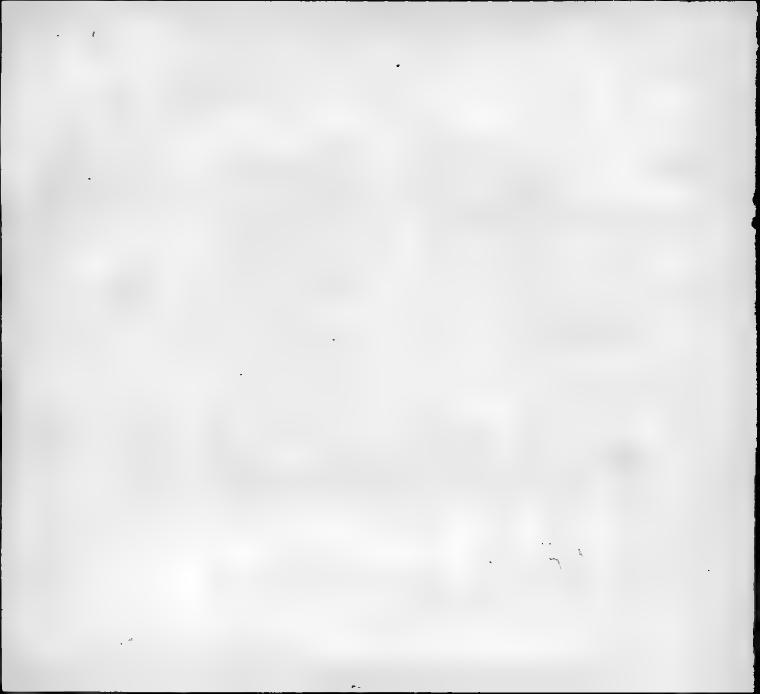
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. To FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registror prior to burial, cremation,

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	MAKTLAND STATE DEPARTMEN	NI OF HEALIH—BAI	IIMOKE,	18
7394	MEDICAL EXAMINED'S	CERTIFICATE OF	DEATH	118
. 00 1	MEDICAL EXAMINER'S	8-19-59 et	DEATH	Reg. Dist. No.

1,	PLACE OF DEATH o. COUNTY	Baltimore		MARYI	AND	2. USUAL RESIDENCE (V	Where deced	med lived. If Institution b. COUNT		nce befor	e odmiss	ion)
	b. CITY OR TOWN (If and give necres)		BURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (I	f outside co	rporate limits, write	RURAL ond	oon evig l	rest towi	n}
	d. NAME OF HOSPITA	L OR INSTITUTION (f not in hosp	ital, give street address)	d. STREET ADDRESS						FARM?
3.	NAME OF DECEASED	Fir	ii	Middle		Lost	4. DATE	Mont	1	Day	Yec	or
	(Type or print)	JO	HN	MAIN		LAWRENCE	DEATH	Ap:	ril	30,	19	59
5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	0 .	DATE OF BIRTH		9. AGE ('s peors	IF UNDER	TYEAR H	UNDER	24 HRS.
	Male	Colored	WIDOWED	DIVORCED [ם	Appro	х.	lost birthday) 58 yrs.	Months	Days F	laurs /	Min.
10	o. USUAL OCCUPATIO during most of working	N (Give kind of work of life, even if retired)	one 10b. Ki	ND OF BUSINESS OR II	NDUST	RY 11. BIRTHPLACE (State	or foreign	country)	12. CITI	ZEN OF V	WHAT C	OUNTRY
13	. FATHER'S NAME				-	14. MOTHER'S MAIDEN I	NAME		1.		+	
	. WAS DECEASED EVE	R IN U. S. ARMED FO		OCIAL SECURITY NO.	17. IN	FORMANT		Address				
	Conditions, if on gave rise to immediately stating the bull to the conditions of the	y, which (b)			ce	ardiovascula	r dise	ease		INTERVA ONSET	L BETWEEN	N 6
_	couse lost.) (c)										
CERTIFICATION	PART II. OTHE	ER SIGNIFICANT CON	DITIONS <u>CO</u>	NTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERM	INALDISEA!	SE CONDITION GIV	'EN IN PAR		PERFOR	JTOPSY MED? NO 🔀
	20g. EXTERNAL CAUSE OF DEATH.		b. DESCRIBE	HOW INJURY OCCUR	RED. (Er	nter noture of injury in Par	t I or Part I	l of item 18.)				
MEDICAL	20c TIME OF INJURY Hour a.m. p. m.	Y Month, Day, Yea	While at wor	Not while	PLAC facto	E OF INJURY (Home, form ry, street, office bldg., etc	n. 20f. (⊂it	y or lawn)	(Cou	inty)		(Stote)
		at I took charge from: Natural			abov Suid	ve, held an Autops ide 🔲, Homicide		nspection <u>DC</u> ,	Inquir ause 🔲	у <u>П</u>	and fi	nd that
	ACTUAL SIGNATURE	RAFA	ela			_M.D. CHIEF MEDICAL E	CAMINER (5	₹.		5	DATE SIG	CONC
	EVAMINENCE					ASSISTANT MEDIC	AL EXAMIN	ER 🔝			1/30)/59
	EXAMINER'S NAME (Type)					DEPUTY MEDICAL	EXAMINER				-1, -	-
220	BURIAL CREMATION REMOVAL (Specify)	N, 22b. DATE THEREO	L	ac HAME OF CEMETER	RY OR O	Poard of	no. woo	ATION (City, town,	or county)		(State)	
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	,		D BY REGIS	1	STRAR'S SIG			

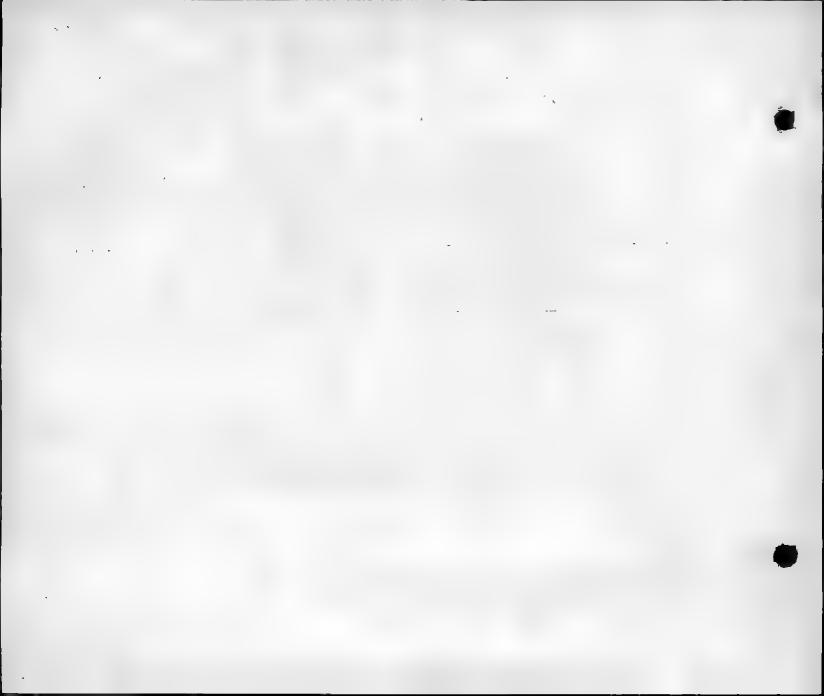


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Year

1950

(Stote)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) a. COUNTY g. STATE **b. COUNTY** MARYLAND Balto. b. CITY OF TOWN (If autside carparate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) / Fork d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE Glenn L. Martin Co.-Martin Plant Hosp. ON A FARM Upland Rd. and Wilson Ave. YES TI NO IT Eirst Middle 4. DATE Year DECEASED ARTHUR PAUL. IDHNER (Type or print) DEATH April 19 59 6. COLOR OR RACE 7- MARRIED THEY MARRIED B. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost b rihday) Months Dovs Hours male white WIDOWED Mar. 22, 1905 DIVORCED | YES. 10a USUAL OCCUPATION (Give kind of work done 10b KND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stale or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Phone Mfgs. Supervi sor 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME August J. Lehner Pauline A. Fox 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dotes of service) Mrs. Anita B. Lehner - Fork. Md. no 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 17. WAS AUTOPSY PERFORMED? YES NO NO 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20f (City or lown) 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg , etc.) Hour a.m. While Not while of work | c) work | p. m. alive an_ and that death accurred gt.____M, from the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 226, DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (State) 01 REMOVAL (Specify) Puri al /クロ/ベロ Loudon Park Cem Balto. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24b DATEAPR 2 0 159 arthur of though

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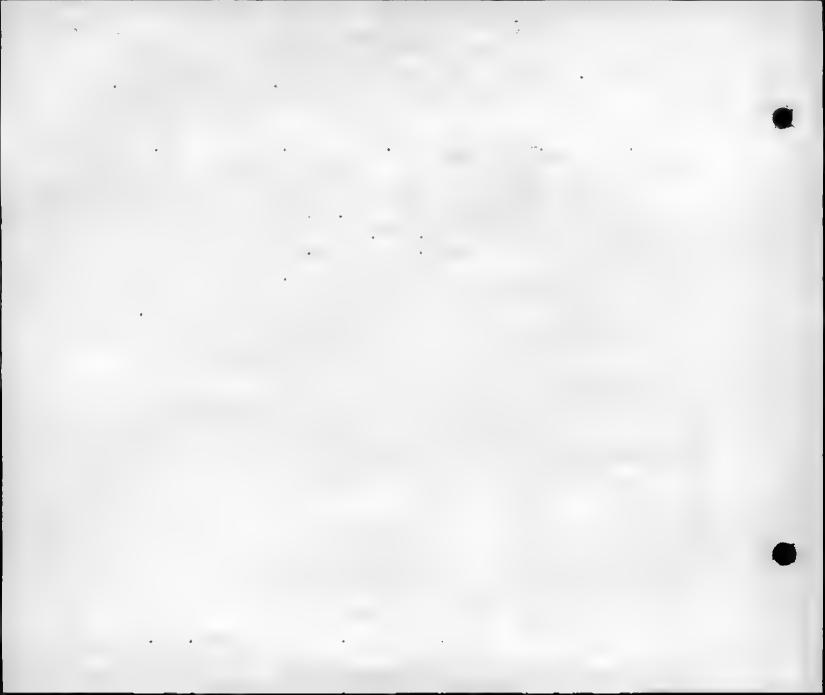
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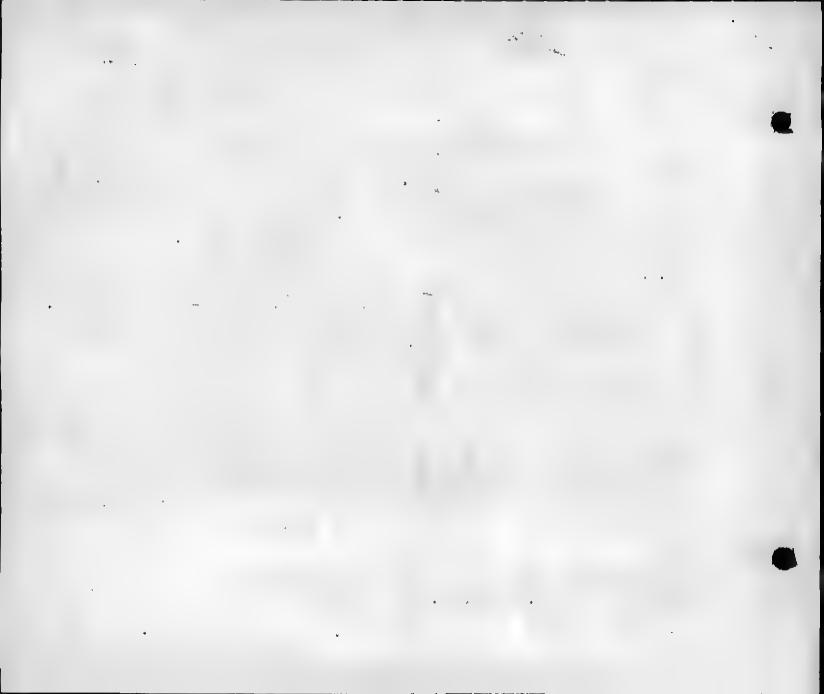
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r la burial, cremation,			ZME	DICAL	LEXAMI	VER'S	CERTIFICA	ATE OF	DEATH	Reg. Dist. 1	024
191) 1.	PLACE OF DEATH a. COUNTY	Baltimore		MA	RYLAND	2. USUAT RESIDENCE	(Where decea	sed lived. If institu b. COUNT		•
10			(If outside corporate limits, write	BURAL	c. LENGTH OF STA	Y IN 1b		V	porote limits, write		
o bu		and give nearest to	"Catonsville	е			52 Cat	onsvill	.е		
		d. NAME OF HOSP	ITAL OR INSTITUTION (ress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
i X	L		605 Alder	shot R	oad		/ 605	Alder	shot Roa	d	YES NO
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n 1	-	(Type or print)	HEL		F		LIPSITZ	DEATH	Apri		The second secon
	5.	SEX	6. COLOR OR RACE				DATE OF BIRTH		9. AGE (In years lost burthday)	Manths Days	R IF UNDER 24 HRS.
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).	L	during most of work	10N (Give kind of work d ing life, even if relired)	one 195, Kil	ND OF BUSINESS O	R INDUSTR	H:	agersto	wn, Md.	12. CITIZEN	OF WHAT COUNTRY
and a	133	Wm.H. Ri	denour				14. MOTHER'S MAIDEN	n NAME dna Mae	Funk		
	{Y	. WAS DECEASED E	VER IN U. S. ARMED FOR		OCIAL SECURITY N		Richard	E. Ride	Address nour-839	Widlwoo	d Pkwy.
	-	18. CAUSE OF DE	ATH [Enter only one cau	e per line fo	r (a), (b), and (c).					IN	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Over dosage of barbiturate						0"	ADEL AND DEATH				
		970.2	DUE TO								
		Canditions, if									
	gave rise to immediate couse (a), stating the underlying cause last. (c)							PARTIAL			
6	2 IV	PART II, O	THER SIGNIFICANT COND	ITIONS CON	TRIBUTING TO DEA	ATH BUT NO	OT RELATED TO THE TER	RMINAL DISEAS	E CONDITION GIV	EN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES: NO
	CERTIFI	200. EXTERNAL CAUSE OF DEATH	NUSE WAS DITRIBUTING				er nature of injury in t of barbitu		of item 18)		2
	MEDICAL	20c. TIME OF INJ		While	JURY OCCURRED Nat while	20s. PLAC factor	OF INJURY (Home, for y, street, office bidg., of House	alc.) ! _	or hown) Aldersh	(County)	(Stote) Catonsvi
	1		hat I taak charge			ed abov			nspection .	-	
		1	d fram: Natural o				ide 😿 , Homici		ndetermined o	111111111111	
		ACTUAL SIGNATURE	Miller V	Pour	M		M.D. CHIEF MEDICAL	_	_		DATE SIGNED
∃ova Z		EXAMINER'S NAME (Type)	William V.	Lovit	t, Jr.		ASSISTANT MEDICA				4/15/59
or removal.	22	BURIAL, CREMATI REMOVAL (Specif Burial	ON, 226. DATE THEREON	2	2c. NAME OF CEMI Druid F		_		TION (City, town,		(State)
(S)	23	FUNERAL DIRECTO	S SIGNATURE	er 4	ADDRESS	Rao	/ 24g RF	C'D 8Y REGIST	TRAR 246. REGIS	STRAR'S SIGNAT	URE NL
5	H	7			· · · · · · · · · · · · · · · · · · ·		mid				



page 3 shauld t TO FUNERAL VS A15 (4)

Address INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPS) PERFORMED? NO F (County) (State) . 1942, to Abril 18 1959, that I last saw the deceased and that death accurred at 2. D. M. fram the causes and an the date stated above. ADDRESS (Street, city or town, state) Spring Grove State Hospital James Donald Drinkard, M2D. Catonsville. Md. **SURIAL, CREMATION.** DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City) town, or county) (State) REMOVAL (Specify UNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR APR 2 1 '59 24b REGISTRAR'S SIGNATURE arthur & Haus

Reg. Dist. No

Months

e IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

0. J.A.

12 CITIZEN OF WHAT COUNTRY?

ON A FARM?

YES NO 7

Year

1959



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4044 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No HEALTH DEPT. 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) PLACE OF DEATH o. COUNTY Page COUNTY MARYLAND es. c. CITY OR TOWN (If genside cormorate limits, write RURAL and give nearest lown) b. CITY OR TOWN Illiads de corporate d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street address) d. STREET ADDRESS 3. NAME OF DATE First Middle Month DECEASED DEATH (Type or print) DeR 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE MARRIED T NEVER MARRIED TO for birthday WIDOWED [7] DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ouseur 13. FATHER'S NAME Margaret 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO [Yes, no, or unknown] (If yes, give war as dates of service) 18. CAUSE OF DEATH [Enter only one couse per lipe to; (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 420.1 DUE 10 Conditions, if ony, which gove tise to immediate couse DUE TO (a), stating the underlying cours lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY pasa 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of Hem 18.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f, (City or lown) (County) factory, street, office bldg., etc.) Hour g. m. While Not while of work of work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection Pt. DIRECTOR: opinion death resulted from: Natural causes . Accident ... Suicide . Hamicide . Undetermined manner CHIEF MEDICAL EXAMINER [SIGNATURE FUNERAL I NAME (Type) 22d LOCATION (City, town, or county) BUR AL CREMATION.

VS. A15ME

240. REC'D BY DEGISTRAR

246 REGISTRAR'S SIGNATURE arthur & House

IS RESIDENCE ON A FARM? YES | NO |

Year

Hours

INTERVAL BETWEEN ONSE! AND DEATH

sddr.

PERFORMED? NO (Z

(Stote)

and in my

DATE SIGNED

19.5

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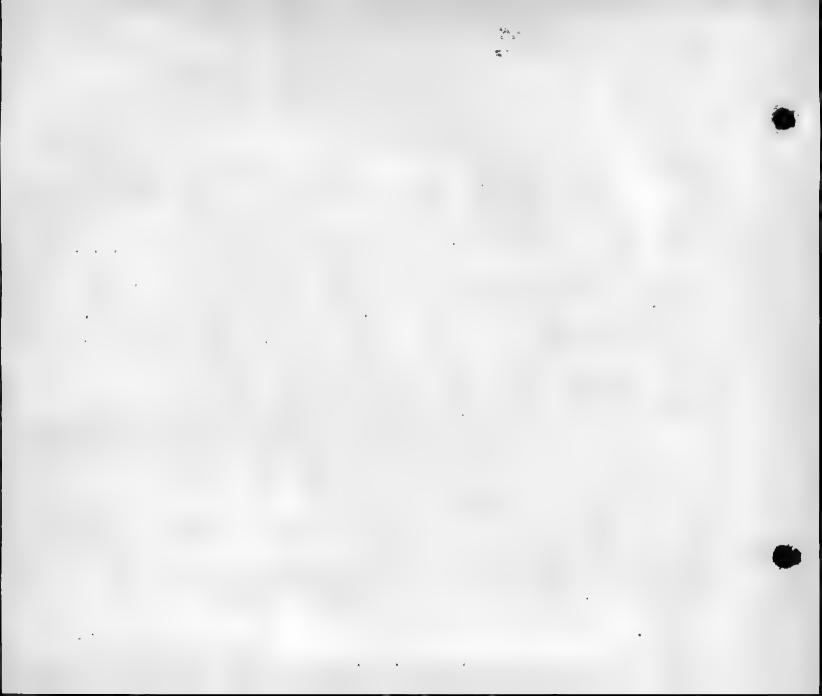
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his certificate should be executed within 24 hours other death. It any delay is negarally, please exe-	rec	es es	or prior to burial, cr	
If any delay	the funeral di	d fac your filt	s regist	I
after death	2, and 3 ta	be retaine	and 2 with	_
thin 24 hours	ive Pages 1,	. Page 5 ma	File pages	
a executed wi	d 'pending' in general in Item 18. Give Pages 1, 2, and 3 to the funeral di	s Office along with form PM3. Page 5 may be retained far your files	ld be used as a burial-transit permit. File pages 1 and 2 with/1	
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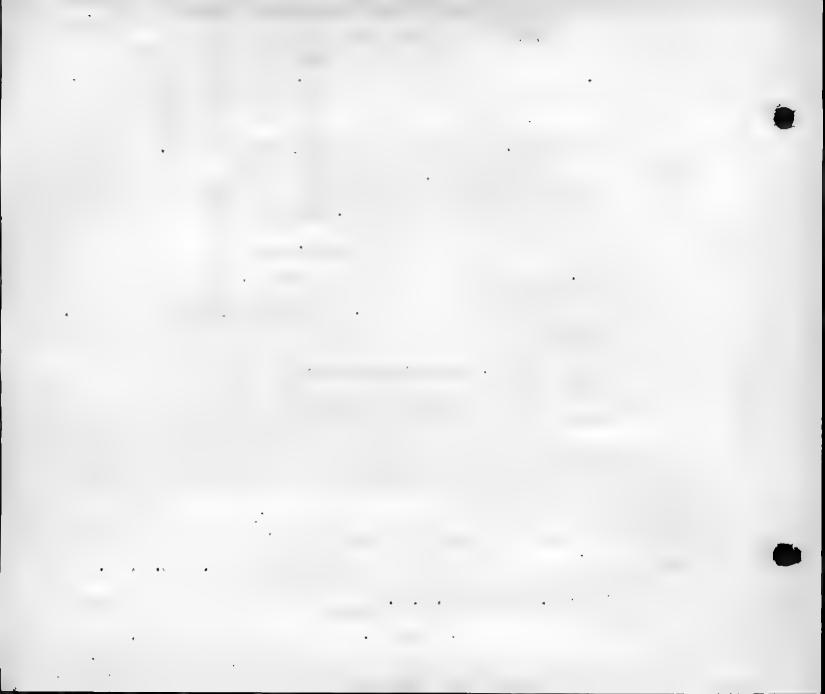
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1. PLACE OF DEATH	

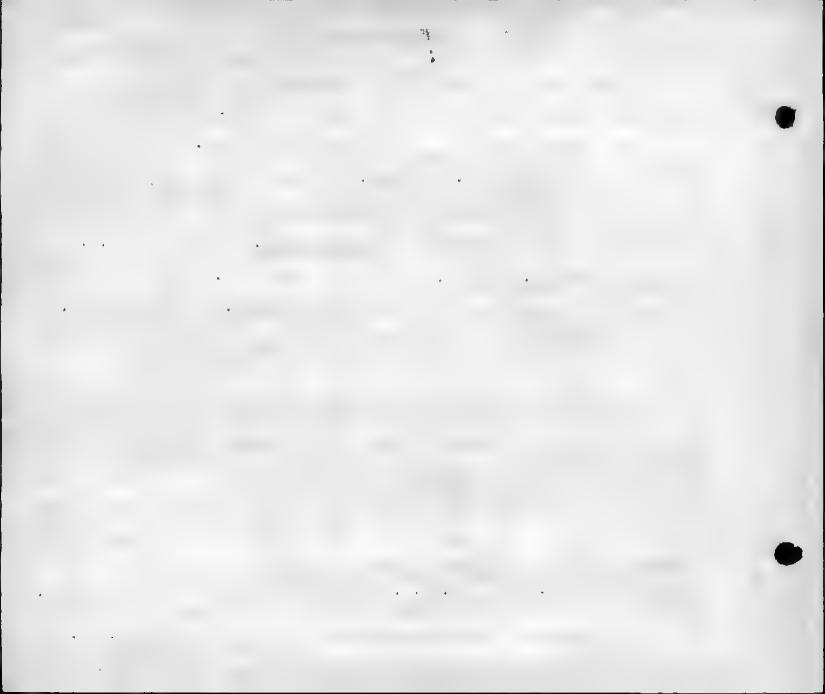
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH 9. COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
BALTIMORE MARYLAND	G. STATE MARYLAND BALLTIMORE
b. CITY OR TOWN (It extrade corporate limin, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
CAPE MAY BEACH	CAPE MAY BEACH
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
1939 CAPE MAY BEACH ROAD	17939 CAPE MAY BEACH ROAD YES INO T
3. NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) FERDINARD MARDAGA	OF DEATH APRIL 30.1959 19
	DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR) IF UNDER 24 HRS.
The state of the s	House binhday) Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
during most of working life, even it retired)	
TAILOR RETTRED 13. FATHER'S NAME	BALTIMORE MARYLAND. U.S.A.
	14. MOTHER'S MAIDEN NAME
LOUTS MARDAGA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 146, SOCIAL SECURITY NO. 117. IN	MARY GROB
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address
NO NONE MI	R. LOUIS MARDAGA PITTSBURG PA
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) H= S-C-V	D15888
4221 DUETO	
Condition to the STATE STATE OF AVRILITY	
gave rise to immediate cause	
(o), stoting the underlying DUE TO	
	TOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
E PART II. STREET STREET GOTS HOTS CANADONIO TO SERVING	PERFORMEDY
5	YES NO DE
PART IE, OTHER SIGNIFICANT COND TIONS CONTRECTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY 0 or CONTRIBUTING 20b DESGR BE NOW INJURY OCCURRED. (E) CAUSE OF DEATH	nter nature of injury in Part I or Part II of item 18.)
	CONTINUENCE OF THE PART OF THE
	CE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) (Stote) (Stote)
₹ p. m. 19 at work at work	
21. I certify that I toak charge of the remains described above	ve, held an Autopsy, Inspection, Inquiry and find that
death resulted fram: Natural causes 📝, Accident 🔲, Suid	cide 🔲, Hamicide 🔲, Undetermined cause 🔲.
mas	
SIGNATURE / // D D - AVG	_M.D. CHIEF MEDICAL EXAMINER []
to B Davis	ASSISTANT MEDICAL EXAMINER
EXAMINER'S M. 19. DAVIS M.	DEPUTY MEDICAL EXAMINER D
220 BURIAL, CREMAT ON, 226. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	ARK WOODLAWN MARYLIANSE.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE
HENRY SANDER & SONS INC. BALTO. M	ID. DATMAY 4 '59 Cirther & Kraus



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No director, iled with, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) filed , a COUNTY Bal.to. b. COUNTY Md. Balto. MARYLAND ē b, CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Lochearn Lochearn d. NAME Of HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RES DENCE OR INSTITUTION ON A FARM? 3623 Forest Hill Rd. YES NO T Forest Hill NAME OF Forst Middle DATE Last Month Yeor DECEASED OF EDITH 0. McCAULEY 59 April (Type or print) DEATH 19 5. SEX AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8 DATE OF BIRTH Months Davs Hours female white WIDOWED TO DIVORCED [yrs 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife at home Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alexander E. Orr Frances A. Young 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address offending no Mrs. Robert Kelly 0 3623 Forest Hill Rd. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary occlusion IMMEDIATE CAUSE (a) DUE TO Š MArteriosclerotic cardiovascular disease 10 years m. Conditions, if any, which gave rise to immediate DUE TO (c cause (a), stating the under-10 years gud Diabetes mellitus lying cause last burial-fransit CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(m) 19. WAS AUTOPSY PERFORMED? 41-31-31-31-31-31-31-31-31-31-31 YES TO NO 🔯 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) ***** 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Manth. 20d INJURY OCCURRED Day, Year (County) (Stole) factory, street, affice bldg., etc.) Hour a.m. ot work | Not while p. m光光光光光 ****** **表在不在不不存在** 59. that I last saw the deceased April 21. I certify that I attended the deceased fram. and that death accurred at 6:45A:M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED **ACTUAL** 5101 Gwynn Oak Ave. Balt. 7m Md. pe 70 3 shoul PHYSICIAN'S FUNERAL Millard T. Traband NAME (Type) Maryland 22a. BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) Lorraine Cem Woodlawn. FUMERAL DIRECTOR'S SUSNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57

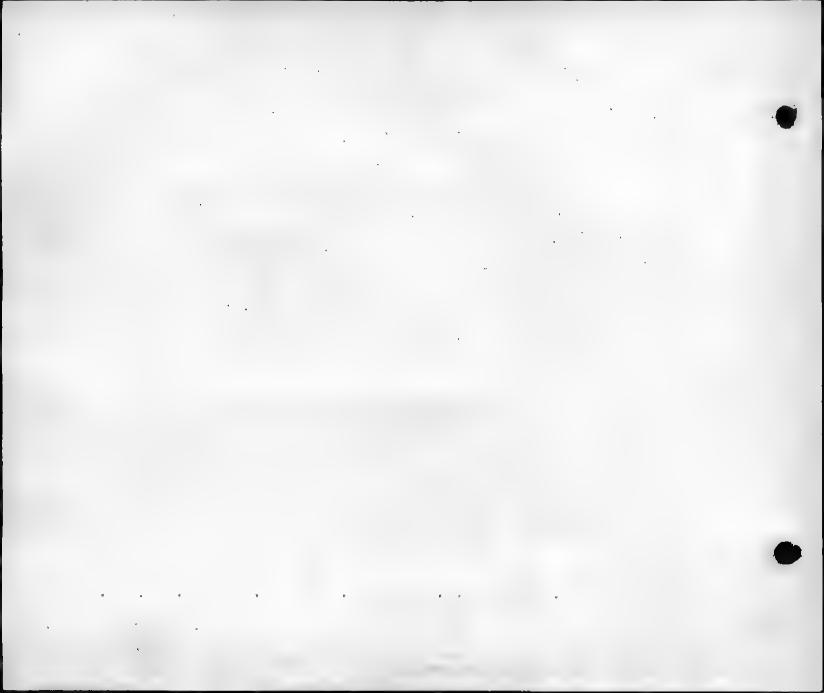




MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed. If institution, Residence before admission) COUNTY b COUNTY N MARYLAND CRY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 SITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give nearest town). P Ξ NAME OF Middle DECEASED (Type or print) DEATH COLOR OR RACE 8 DATE OF BIRTH IF UNDER LYEAR IF UNDER 24 HRS SEX 7 MARRIED NEVER MARRIED AGE (In years lost b rthdoy) Months WIDOWED 12 DIVORCED [USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1) BARTHPLACE (Stote or foreign country 12 C TIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME S. WAS DECEASED EVER IN J. S. ARMED FORCES? 16 OCIAL SECURITY NO INFORMANI Address 0 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)[19] WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f. (City or town) factory, street, office bldg., etc.) Hour o. m. While---Not while al work of work o.m. 1927, that I last saw the deceased 21. I certify that I attended the deceased fram 🚽 alive an Curr // and that death accurred at $I \mathcal{Q} / \mathcal{R}$ M, from the causes and an the date stated above ADDRESS (Street, city or town, state ACTUAL SIGNATURE ploods PHYSICIAN'S NAME (Type) TERS. N 220 BURIAL CREMATION. 22b, DATE THEREOF 22d. LOCATION (City, town, or county) 22c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 EUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR

VS A15 (4)

15M 9/58

IS RESIDENCE ON A FARM? YES NO T

Hours

INTERVAL BETWEEN ONSET AND DEATH

about 2 11

PERFORMED? YES NO

(State)

(County)

Circling S. Know

APR 1 4 '59

(Stote)

Year



neral director, d be filed with

death. Page 4

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4051

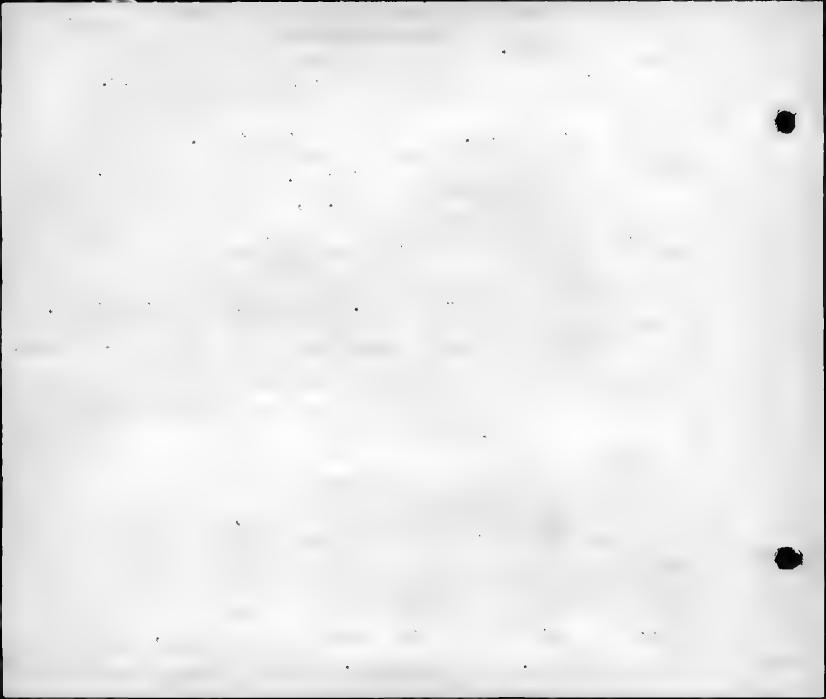
CERTIFICATE OF DEATH

04033 Reg. Dist. No.

Baltimore b. CITY OR TOWN (if ourse coproste limits, write c. LINGTHOSTAY IN 1D c. CITY OR TOWN (if ourse coproste limits, write c. LINGTHOSTAY IN 1D c. CITY OR TOWN (if ourse coproste limits, write RURAL and give nearest town) ANAME OR HOSTITAL (if not in hospital, give street oddess) OR INSTITUTION 1902 Summit Ave. 6. SEEDINE OR INSTITUTION ANAME OR HOSTITAL (if not in hospital, give street oddess) OR INSTITUTION ANAME OR HOSTITAL (if not in hospital, give street oddess) OR INSTITUTION ANAME OR HOSTITAL (if not in hospital, give street oddess) OR INSTITUTION ANAME OR HOSTITAL (if not in hospital, give street oddess) OR INSTITUTION ANAME OR HOSTITAL (if not in hospital, give street oddess) OR INSTITUTION ANAME OR HOSTITAL (if not in hospital, give street oddess) OR INSTITUTION ANAME OR HOSTITAL (if not in hospital, give street oddess) I 1902 Summit Ave. I 1002 Summit Ave. I 1003 USUAL OCCUPATION (Give kind of work age) I 1004 USUAL OCCUPATION (Give kind of work age) I 1005 USUAL OCCUPATION (Give kind of work age) I 1005 USUAL OCCUPATION (Give kind of work age) I 1005 USUAL OCCUPATION (Give kind of work age) I 1005 USUAL OCCUPATION (Give kind of work age) I 1006 USUAL OCCUPATION (Give kind of work age) I 1006 USUAL OCCUPATION (Give kind of work age) I 1006 USUAL OCCUPATION (Give kind of work age) I 1007 USUAL OCCUPATION (Give kind of work age) I 1007 USUAL OCCUPATION (Give kind of work age) I 1007 USUAL OCCUPATION (Give kind of work age) I 1007 USUAL OCCUPATION (Give kind of work age) I 1007 USUAL OCCUPATION (Give kind of work age) I 1007 USUAL OCCUPATION (Give kind of work age) I 1007 USUAL OCCUPATION (Give kind of work age) I 1007 USUAL OCCUPATION (Give kind of work age) I 1007 USUAL OCCUPATION (Give kind of work age) I 1007 USUAL OCCUPATION (Give kind of work age) I 1007 USUAL OCCUPATION (Give kind of work age) I 1007 USUAL OCCUPATION (Give kind of work age) I 1007 USUAL OCCUPATION (Give kind of work age) I 1007 USUAL OCCUPATION (Give kind of work age) I 1007] 1.	. PLACE OF DEATH o. COUNTY		2. USUAL RESIDE	NCE (Where decease	sed lived. If institution	: Residence before	admission)
d. NAME OF MODIFIAL (If no in hospital, give street address) JOR INSTITUTION 1902 Summit Ave. A. STREET ADDRESS 1902 Summit Ave. Come in hospital, give street address 1902 Summit Ave.	L		MARYLAND	o STATE	See free	b. COUNTY	Balto.	
1902 Summit Ave. 1902 Summit	-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OESTAY IN 16	c CITY OR TO	WN (if autside corp	parate limits, write RUI	RAL and give neare	est fown)
DECEASED FIND 1 Albert Second Refered Color Refered Col				A. STREET ADD	PRESS PO2 Summi	t Ave.		ON A FARM?
S. SEX C. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NO. ACE (in promote profession) No. ACE (in profession) No. ACE (in promote profession) No. ACE (in promote profession) No. ACE (in profession	3	DECEASED	Middle		0.00		-/	
Retried Hardwood Floor Man Estonia Estonia Estonia Is. Father's NAME Johan Willman Johan Willm	5.	Male White	NEVER MARRIED DIVORCED	Feb. 2:	2, 1891	9. AGE (In years I lout birthday)	FUNDER I YEAR I	F UNDER 24 HRS.
13. FATHER'S NAME	10	during most of working life, even it retired)		_		country)		
If ye, give wor or date of several 215-11-9600 Mrs. Iiilian Miller 1902 Summit Ave.	13	3. FATHER'S NAME	Willell & Trivill and	14. MOTHER'S M				
PART I. DEATH WAS CAUSED RY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cotic (a), toting the under lying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMABE? YES NO CONTRIBUTIONS CONTRIBUTED CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTED CONTRIBUTED CONTRIBUTIONS CONTRIBUTED CONTRIBUTED CONTRIBUTIONS CONTRIBUTED CONTRIBUTIONS CONTRIBUTED CONTRIBUTED CONTRIBUTED CONTRIBUTED CONTRIBUTIONS CONTRIBUTED CONTRIB	15		7 71 0/00		an Mille			t Ave.
20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While of work 19	ATION	Conditions, if ony, which gave rise to immediate case (a), storing the under lying cause last.	NTRIBUTING TO DEATH BUT		HE TERMINAL DISEA	SE CONDITION GIVE	N IN PART 1(0) 19	WAS AUTOPSY PERFORMED?
21. I certify that I attended the deceased from 19.6, to 2 19.47, that I last saw the decease alive an 4.2 19.47, and that death accurred at 5.2 PM, from the causes and an the date stated above ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE PAUL H. ANNIKO PHYSICIAN'S PAUL H. ANNIKO 220. BURIAL CREMATION, REMOVAL (Specify) April 6/59 Oak Lawn Cometery 221. I certify that I attended the deceased from 19.46, to 2.25, that I last saw the decease alive and the date stated above ADDRESS (Street, city or lown, state) DATE SIGNATURE 222. NAME OF CEMETERY OR CREMATORY PRIMATE (Street) (City town, or county) (State) PRIMATE (Specify) Purial April 6/59 Oak Lawn Cometery 223. FUNERAL DIRECTOR'S SIGNATURE 245. REGISTRAR'S SIGNATURE			BE HOW INJURY OCCURRED). (Enter nature of i				пр П ио П
alive an 4 24 , 19 37 , and that death accurred at 5 2M, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL PAUL H. ANNIKO PHYSICIAN'S NAME (Type) PAUL H. ANNIKO 220. BURIAL, CREMATION, REMOVAL (Specify) April 6/59 April 6/59 Oak Lawn Cemetery 221. NAME OF CEMETERY OR CREMATORY PUMBAL DIRECTOR'S SIGNATURE ADDRESS 222. NAME OF CEMETERY OR CREMATORY ADDRESS 223. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE	MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d INJU Haur a. m. While p. m. 19 at wark [_ Not while fac	CE OF INJURY (Ho lary, street, office b	me, form, 20f (Ci ldg., etc.)	ty or town)	(County)	(Stole)
226. BURIAL CREMATION, REMOVAL (Specify) Purial April 6/59 Oak Lawn Cometery 226. NAME OF CEMETERY OR CREMATORY Baltimore Maryland 227. PUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR'S SIGNATURE		alive on 4/2/, 1953 ACTUAL Paul H. Ausignature Paul H. Aus	, and that death	accurred at	ADDRESS (im the causes an	d an the date	stated above DATE SIGNED
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR 240. REGISTRAR'S SIGNATURE	22	20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)		•	22d. LOC.		**	-1
TITO A SO OT THE STATE OF THE S	27							ınd
	"							

may be retained the haspital or attending physician.

TO FUNERAL DIR The After this certificate has been signed by the attending physician and Completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbod papers. Pages 1 and 2 shifter registrar prior to burial, cremating, an remayal, and in any event within 72 hours after deam. TO HOSPITAL OR VS A1S (4) 15M 9/55



Hubbard Funeral Home 1107 Wilkens

ISM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ON A FARM?

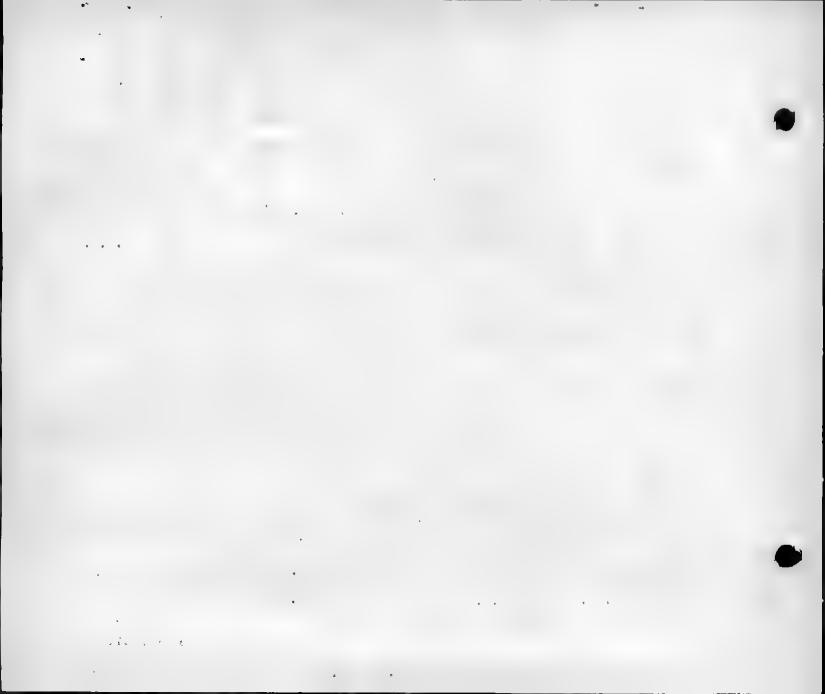
YES NO X

Yeor 19 59

PERFORMED? YES NO

(Stote)

DATE SIGNED



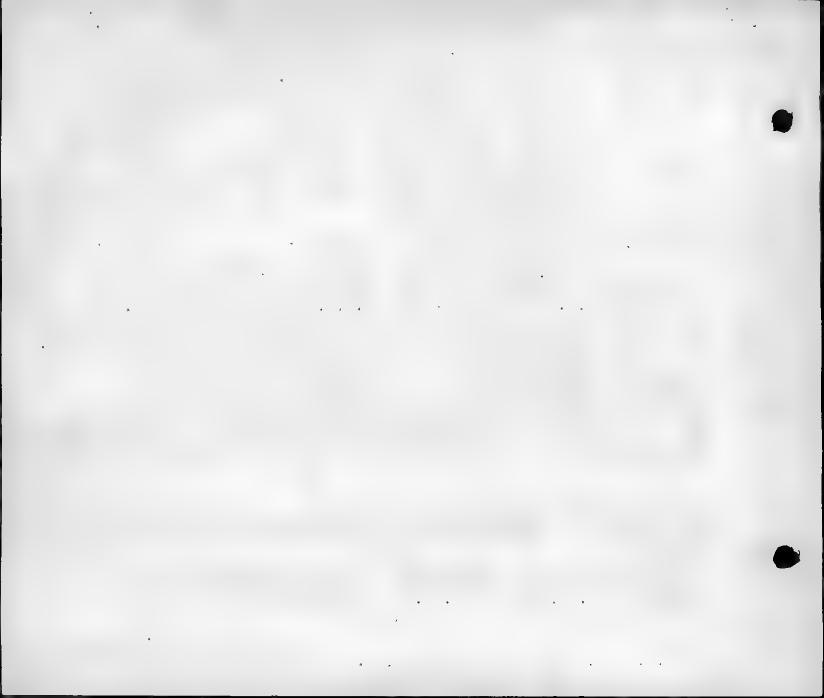
1.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2053 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04035 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Baltimore MARYL	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o SYATE 1.2 b. COUNTY 178. I CLINOP:
b CITY OR YOWN IN outside corporate himits, with RURAL and give neground town? L'I yndon	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Longnecker Road	Longnecker Road (15 RES DENGE ON A FARM? YES A NO [
3. NAME OF First Middle DECEASED (Type or print) Harold Pierce M	dontanye 4 DATE Month Day Yeor Month April 6,1959 19
5. SEX 6 COLOR OR RACE 7. MARRIED ANEVER MARRIED Male White WIDOWED DIVORCED	Anni 1 22 1966 lei bribder) Months Dove Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IF during most of working life, even if retired) WPITER	Penna. 12 CITIZEN OF WHAT COUNTRY U.S.
13. FATHER'S NAME Stanley S. Montanye	14. MOTHER'S MAIDEN NAME Lillian A. F. ontanye
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (1906, no. of unknown) Yes V. H. 1 16. SOCIAL SECURITY NO. 040-28-4851	17. MFORMANT Address 11.T.C.N.Montanye, Glyndon, Md.
PART I DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o) Hyperteneive 445 A Conditions if ony, which gave size to immediate couse (o), storing the underlying couse tast. (c)	Arteriosclerotic C-V Diserse 5 yrs.
none	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO
CAUSE OF DEATH. none	RED. (Enter nature of injury in Part E or Part 34 of Hem 18.)
20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20d Hour o. m none p. m. none p. m. While of work of work 10	De. PLACE OF BNJURY (Home, form. 20f (City or town) (County) (Store) factory, street, office bidg., etc.) ne none
21. I certify that I took charge of the remains described apinion death resulted from: Natural causes 🖾, Accid	d above, held an Autapsy [], Inspection [], Inquiry [], and in my
SIGNATURE D. Explis	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S D. D. Conles, M. D.	DEPUTY MEDICAL EXAMINER (5) 4-6-59
220. BURIAL CREMATION 275 DATE THEREOF 276. NAME OF CEMETER BURIAL April 8/59 Woodlawn	Woodlawn, l.d.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.F. Eline & Sons Reisterstown	246 REC D BY REGISTRAR 246. REGISTRAR'S SIGNATURE ADD 7 159 College & Heart

TO DEPUTY MED. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certific writing the word "pending" in pendit in them 18. Give Pages 1, 2, and 3 to the funeral did should be forth and form PM3. Pages 3 to the Chief Medical Examiner's Office along with form PM3. Pages 3 may be retained for TO THERML DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1/and 2 with the State Board or its Designated againt, prior to buriol, cremation, or remain. VS. ATSME 5M 2/57

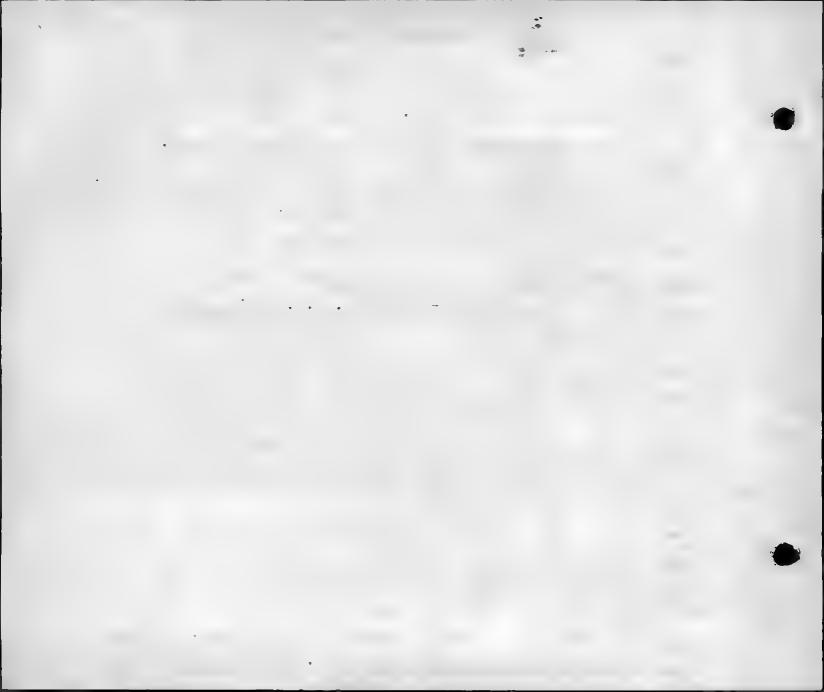


VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE	, 18
2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	

()4036 Reg. Dist. No.

_												
1.	PLACE OF DEATH				li l	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
-	Baltimore MARYLAND					o. STATE Maryland b. COUNTY Baltimore						
	b. CITY OR TOWN (if outside corporate limits, write EURAL and give operated town)				IN 15	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)						
-	Dundalk d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street address)					Dundalk 22 d. STREET ADDRESS d. IS RESIDENCE						
	6 Sea Bright Avenue					6 Sea Bright Ave.					ON A FARM? YES NO N	
3.	NAME OF DECEASED	First Mic			le	Lost	4. DATE	Moni	lh .	Day	Year	
	(Type or print) CHARLE					MOORE	OF DEATH	April		lst. 19 59		
5.	SEX	6. COLOR OR RACE	7. MARRII	ED 🔲 NEVER MARRIE	8. D	ATE OF BIRTH		9. AGE (in years foul birthday)		_	IF UNDER	
	male	white	WIDOWE	D DIVORCED		pril 5th,	1879	79 yn.		λογε	Hours N	Ain.
110	a. USUAL OCCUPATIO	IN (Give kind of work of	ione 10b. 8	(IND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	or foreign o	ountry)	12. CITIZ	EN OI	WHAT CO	DUNTRY?
Ł	1st Helper			Steel		Pennsylvania			USA			
1:	. FATHER'S NAME				1	4. MOTHER'S MAIDEN N	IAME					
L	Jes	fferson M	oore			Anne Price						
1:	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address											
Ĺ	no 213-09-0582 Mrs. D.S.Nesbitt same as #2									#2		
П	18. CAUSE OF DEAT	10	1-1				ONSE	AND DEATH				
ı	PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) LOLONORY COCO/U S/M										one	Lu.
	**	atic M	lon.	for alia			2 111	,				
	Canditions, if ony, which gove rise to immediate cause for the underbine to the underbine t					0116 /1	- Charles	C.[15		<u> </u>	- 92	
	(a), stating the v											
١.,	cause last.) (c).	NITIONIE CO	NATE OF THE PARTY	4 DI E 1 DI	THE A PERSON NAMED AND DESCRIPTION OF THE PARTY OF THE PA			Men in a mar	N. C. L.		
ATIO	PART II, OTH	DE SIGNIFICANT CON	ATTIONS <u>CC</u>	NIKIBUTING TO DEAT	<u> </u>	FRELATED TO THE TERMI	MAT DIREAR	E CONDITION GI	YEN IN PAKI		PERFORM	
CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)											
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yea	r 20d. I White		Do. PLACE	OF INJURY (Home, form, street, affice bldg., etc.	20f. (City	or town)	(Cour	nly)		(State)
MED	Hour a.m. p.m.	19	rk (ot work (rocius,	, street, differ thou, out,	'						
ı	21. I certify that I tack charge of the remains described above, held an Autopsy . Inspection ZI, Inquiry . and find that											
П	death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined cause .											
	1 1 0 0 11											
	SIGNATURE Jack Claller					M.D. CHIEF MEDICAL EXAMINER					DATE SIGNED	
	1 0 0 0					ASSISTANT MEDICAL EXAMINER					4-1	- (3
	EXAMINER'S 7 NAME (Type)	JACK	(()	Ollins		DEPUTY MEDICAL E	XAMINER [3			/ /	"/
22	g. BURIAL, CREMATION	V. 226. DATE THEREO	F	22c. NAME OF CEMETE	RY OR CR	EMATORY	22d. LOCA	TION (City, tawn,	or county)		(State)	
L	Burial	4/4/59		Megdowri	dge			sey Ma				
33	FUNERAL DIRECTOR	SIGNATUSE P	a All	ADORESS			BY REGIST		STRAR'S SIGI	NATUR	E	
41	July K	work Kac	vacc	1/12 Dund	alk	22 Md ATAPR	8 '59	3 00	12 9 4	4		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4054 **CERTIFICATE OF DEATH** Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a COUNTY ed **b. COUNTY** MARYLAND MALTO, b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO .5 NAME OF Middle 4. DATE Day Year filled DECEASED OF DEATH APRIL (Type or print) 195 letely 5. SEX 9 AGE (In years 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months WIDOWED [DIVORCED [comple 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) puo corbon 13. FATHER'S NAME ditte 14. MOTHER'S MAIDEN NAME physicion GLORGE 118maren remove 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANI Address aftending p 964 WOOLWARD 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). Gastro intestinal **DUE TO** , retroperitones 2 Conditions, if any, which gned gove rise to immediate **DUE TO** cause (a), stating the under-+ liver metastasis been si lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? hos YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street office bldg, etc.) Hour o m. While Not while at work 🔲 at work 📋 19 27, that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 1:05 A.M. from the causes and on the date stated above. alive an ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE may be retained O FUNERAL DIREC page 3 should be PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) EADENRIDGE CEMETER 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRARS 246. REGISTRAP'S SIGNATURE LA VS A15 [4] DATE 15M 10/57



VS A15 (4) 15M 9/5S

	MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMORE, 18					
	4055 Items 8.9 Film CERTIFIC	ATE OF DEATH Reg. Dist. No.					
1.	PLACE OF DEATH 6. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE Maruland b. COUNTY Baltimore					
Γ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)	c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) X Baldwin.					
	d NAME OF HOSPITAL [If not in haspital, give street oddress] OR INSTITUTION (herry Hill Road)	o STREET ADDRESS Cherry Hill Road o. IS RESIDENCE ON A FARM? YES NO					
3.	NAME OF First Middle DECEASED (Type or print) Charlotte Mary Most	Mueller 4. DATE Month Day Year OF DEATH 4- 8- 19 59					
5.	SEX 16 COLOR OR RACE 7 MARRIED TO NEVER MARRIED Female white WIDOWED DIVORCED	8. DATE OF BIRTH 1894 9. AGE (In years IF UNDER & YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min.					
10	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INE during most of working life, even if retired) Houseway	USTRY IT BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Neward, New Jersey 115A					
13	George Mc Cattrey	14 MOTHER'S MAIDEN NAME Emma Sterncoff					
15	to the president of the second	Mr. Michael J. Mueller, same					
T	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) CERESTO V3	scular Accident interval Between					
	Canditions, if any, which) by Axterios	cleresia - Gerere					
	gave rise to Immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO (c)						
CERTIFICATION		JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY PERFORMED? YES □ NO □					
	206. ACCIDENT WAS UNDERLYING TO 206 DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enler nature of injury in Port I or Port II of item 18.)					
MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED 20e. Hour a. m., p. m. 29 While at wark at wark at wark	PLACE OF INJURY (Home, Tarm, 20f (City or town) (Caunty) (State) lactory, street, affice bldg., etc.)					
	21. I certify that I attended the deceased from Nav	19.56 to April 19.59 that I last saw the deceased the occurred at 330 M, from the causes and an the date stated above					
	ACTUAL MILLIAM C. Taran M.D. HISSVILLE Md. 49.						
	PHYSICIAN'S William A. Tyson						
72	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY BURIAL 4/11/59 St. John						
23	FUNERAL DIRECTOR'S SIGNATURE .J.Ruck, Inc. 5305 Harford Rd. #	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE APR 1 0 '59 CALLING & TEAMS					



11		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7>	.]	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04039
FOR STATE	1	Reg. Dist. No.
R & €		PLACE OF DEATH O COUNTY STATE (Why e deceased lived If maintain, Relidence before herosand) O STATE (D) MARYLAND MARYLAND
Heat Heat		b CITY OR TOWN To study to proceed to 12, we to RURAL C LENGTH OF STAY IN 1b c. CITY OR TOWN To outside for pariote limits, write RURAL and g ve nearest fown)
	2.0	d NAME OF HOSPITAL OR INSTITUTION (Vinctio hospital, guldstreet oddress) of STREET ADDRESS (1)
is nectical d		A NAME OF HOSPITAL OR INSTITUTION (Program hope tol., gylostreet oddress) A STREET ADDRESS ON A FARVAS YES NO
deloy e fune retoin e Stat		3. NAME OF DECEASED (Type of print) EVELLEN DEATH CENTER 1959
If any is to the oy be tith the		5. SEX 6 COLOR OF RACE 7 MARRIED NEVER MARRIED 8. DATE OF SIRTH P. AGEN 1990 IF UNDER 14 HOLES AND
and Sm		WIDOWED DIVORCED 3 20 7 7 1 100 USUAL OCCUPATION (Give kind of work done 106, KIND OF BUSINESS OR INDUSTRY) 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY?
Poge		Fasher Verling life, even if refired State Rdo Comer Lynchburg, Virginia USA
M3.	i	13. FATHER'S NAME
hour m B e pc e pc		Fred B. (hewning Bessie Hughes 15 WAS DECEASED EVER IN U. S. ARMED FORCES? THE SOCIAL SECURITY NO. 17 INFORMANT Address.
Giv Giv		(You no, or unknown) 1 (If you, give war or dotes of service)
THE SECOND SECOND		227-16-8046 Mrs. Grace Burke, 4936 Schaub Avenue
¥ E See		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY
ar le che la		O'y IMMEDIATE CAUSE (6)
fice fice fron tron		7/4X DUE 10
and		Conditions, if ony, which (b) // Cangle (governise to immediate course)
Par in in in	\	(a), stoting the underlying PUE TO
S. O. E. C. O.	Н	The second secon
a de la companya de l	7	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PER ORMED? 200. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING CAUSE OF DEATH.
dico di co		200. EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED. [Enter nature of Anjury is Port I or Fort II of Ifem 18.]
is ce ford Mile Mid b riol,		200. EXTERNAL CAUSE WAS PRIMARY A OF CONTRIBUTING CAUSE OF DEATH. 200 DESCRIBE MOW INJURY OCCURRED, [Enter noture of injury in Port 1 or Fort 18 of Ifem 18.] CAUSE OF DEATH.
古書書		3 20c. TIME OF INJURY Month, Day, Year 18d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town)) (County) (Slote) Grant of While Not while of work of
www.		
CAN Indiana		21. I certify that 1 took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my
99 S P 90 S		opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
O Superior Delay		SIGNATURE TOUR TOURS A TOUR CHIEF MEDICAL EXAMINER []
E 10 00 0	d	EXAMINER'S FRANK T. KASIK FR M BEPUTY MEDICAL EXAMINER TO
Should strain the stra		220. BURIAL, CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Iown, or county) (State)
5 2 4 F 2		Burial 4/15/59 Parkwoodd (emetery Baltimore, Maryland 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS To REC'D BY REGISTRAR'S SIGNATURE
VS A15ME		100011111111111111111111111111111111111
5M 2.57		Leonard y. Ruck 5305 Harford Noad #14 DATAPR 1 4'59 City 1. Known



VS A1S (4) 1SM 10/57 M

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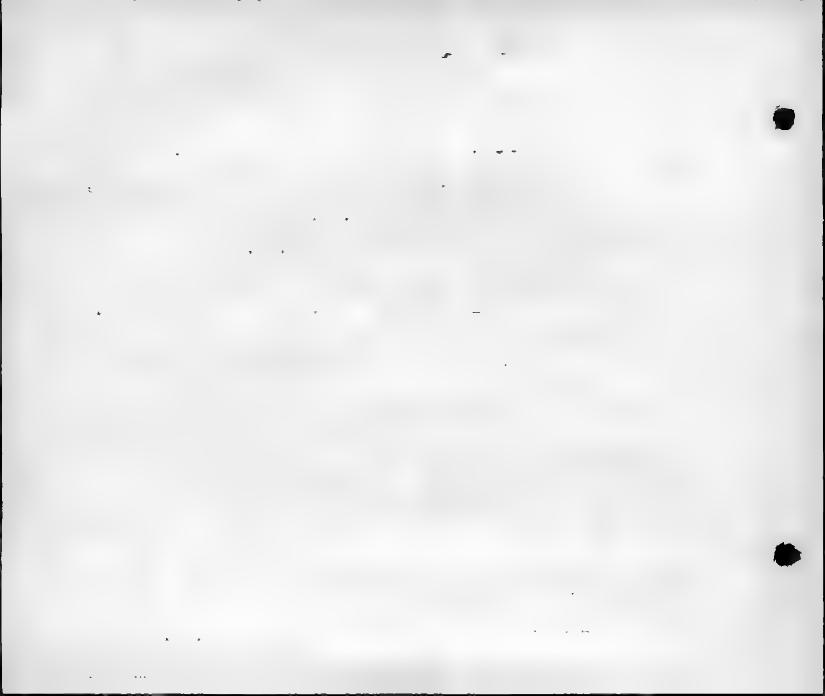
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4057

CERTIFICATE OF DEATH

04040

		*						Reg. Dist.	No.	
1. PLACE OF BEATH				2	USUAL RESIDENCE (WI	nere deceased		n- Residence	before od	mission)
Baltimore			MARYLAND		Marvla	nd	b. COUNTY	Ralti	mare	
b CITY OR TOWN (I RURAL and give no	f auts de corporate limit	s, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If a	outside corpori	pte limits, write RU			own)
NONNE UND GIVE IN	Overlea			11 >	Overle	0				
d NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, gi	oddress)		A STREET ADDRESS				e IS	RESIDENCE	
	14 Cardwe		1211	Cardwe	ll Ave.			N A FARM?		
3. NAME OF DECEASED	Firs	t	Middle		Lost	4. DATE OF	Mont	h	Day	Year
(Type or print)	Harr	V	<u>L</u>	Ma	illen	OF DEATH	.Anı	-17	29	19 Kg
S. SEX	6. COLOR OR RACE	7. MARR	IED 🔲 NEVER MARRIED 📑	8 D	ATE OF BIRTH	4	7. AGE (In years last birthday)	FUNDER 1		
Male	White	WIDOWE	D DIVORCED []	I D	ec. 11, 187	}.	Al. Yes	Months D	ays Hou	urs Min
On. USUAL OCCUPATIO		one 10b	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Slote	or foreign coi	intry)	12 CITIZI	EN OF WI	AT COUNT
Metal Wo	*		Sheet Metal		Ralto	wa		***	SA	
3. FATHER'S NAME			***************************************	14	. MOTHER'S MAIDEN N				ÐA.	
To	hn Millen				*71	16.000	7877.7.			
S. WAS DECEASEDEVE	R IN U.S. ARMED FOR	ES? 16	SOCIAL SECURITY NO 17	INFO	Halenow.	n Mar	y Wallac Addre			
	(If yes, give war or dates of se				7 35 75					,
No.				TAAI. E	ence L. Mul	<u>цеп</u> ца	214 Cardy	Vell A	ye	
	TH [Enter only one cou	ise per lin	/ //	0	P.				INTERVAL	BETWEEN ND QEATH
PARI I DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	('4	reternal Th	no	in been					+ ? ?
1422.1	DUE TO		0		0					
Conditions, if a	ny, which) (b)	119	Hurs acknow	En	Cerclis	voseul	en Dis	euse	lind	et.
gove rise to in	mmediate (
couse (o), stating lying couse lost	the under- (c)		myveare	in f	degenera	twon .	D, Bun	c.	und	U.
PART II OTH	IER SIGNIFICANT CON	ITIONS C	ONTRIBUTING TO DEATH BU	JT NOI	RELATED TO THE TERMI	NAL DISEASE	COMMITION GIVE	N IN PART 1		AS AUTOPS
Endly	Enous.	mal	n. 6.1	4. [mexica				YES	REORMED?
	CUNDERLYING T		RIBE HOW INJURY OCCURE			Part Lor Part	II of item 18.)		,,,,	TI NO I
OR CONTRIBUTING	CAUSE OF DEATH			,						
20c. TIME OF INJUR Hour a, m, p, m,	Y Month, Day, Yea	20d. IN	IJURY OCCURRED 20e I	LACE	OF INJURY (Home, farm	20f. (City e	or (own)	{Cps	unty]	(Stole
Hour g, m,	19	While	Not while	actory,	street, office bldg., etc.	01	,	,	,	
1 /	the f				ma			that I la:	st saw ti	he decea
alive on	m-77	. 19 4	:_Z, and that deal	h ac	curred at 4:30				date st	ated abo
A CONTAIN		a .	1		man '	ADDRESS (Sire	eet, city or town, s	tote)		DATE SIGI
ACTUAL SIGNATURE	John (, , , , ,	to le	_M.D.	(2)	1100	then	Rec	2	4-36-
PHYSICIAN'S NAME (Type)	SOHN	O.	Byle							
20. BURIAL, CREMATIO	N, 226. DATE THEREOI		22c. NAME OF CEMETERY	OR CR	EMATORY	22d. LOCATIO	ON (City, town, or	county)	(5	ilole)
REMOVAL (Specify) Burial	5-2-1959		Western				Ito. Md.		·	
JUNERAL DIRECTOR	SIGNATURE		ADDRESS		24g, RFC'I	D BY REGISTR		RAR'S SIGN	ATURE	
21104107	1 10 1000	1	2HMIGA	1.	PATE NA		a ani	Chur & 1	Craft	

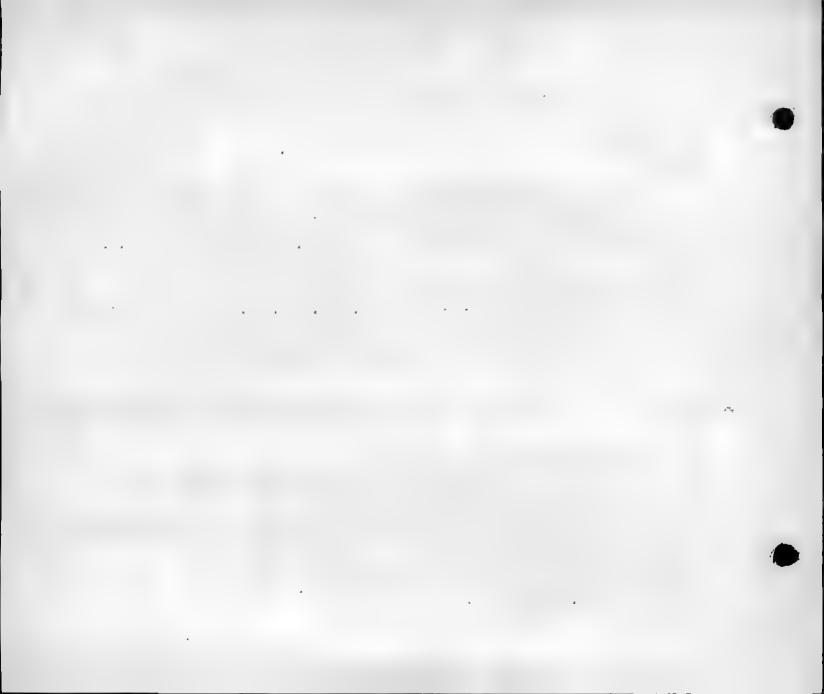


Items 5,6.7 FilmGz41 4-2J-59 et Reg. Dist. No 1. PLACE OF DEATH -2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY o. STATE **b. COUNTY** MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CUTY OR TOWN IN outside corporate limits, write RURAL and give negrest fown) BURAL and give nearest Lawrin Should ORGE d NAME OF HOSPITAL (If not in hospital, give street address) e IS RESIDENCE OR INSTITUTION ON A FARM? YES | NO DE NAME OF DATE Middle Year DECEASED (Type or print) DEATH 195 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8_DATE OF BIRTIS 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HIRS Months Hours DIVORCED [WIDOWED [Male White 100. USUA, OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) CONSU 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 12 INFORMANT 16 SOCIAL SECURITY NO anne 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 420.0 **DUE TO** Arterioscleratic Heart Disease Conditions, if ony, which ony gove rise to immediate DUE TO cause (a), staling the under-Puo lying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? buriol YES NO PA 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour g. m. While Not while of work of work p. m. 2/45 2. 19____that I last saw the deceased 21. I certify that I attended the deceased from !! 19 alive on and that death occurred at 100 M. M. from the causes and an the date stated above AUDRESS (Street, city or town, stole) **DATE SIGNED** ACTUAL SIGNATURE 2 should PHYSICIAN'S NAME (Type 220 BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR-GREMATORY 22d LOCATION (City, lown, or county) (Stote) pode REMOVAL (Specify) the Ó AUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 4059 Reg. Dist. No. director, iled with death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) filed Baltimore **b.** COUNTY MARYLAND Marvland Dia b. CITY OR TOWN (if outside corporate limits, write å c. IENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negres) town) RURAL and give negrest town! planets Howard 53 Days Baltimore d NAME OF HOSP TAL (If not in hospital, give street oddress) A STREET ADDRESS e. IS RESIDENCE 050 OR INSTITUTION ON A FARM? 24 Veterans Administration Hospital YES NO TO NAME OF Middle 4. DATE Lost DECEASED Yeor (Type or print) DEATH CHARLES 1950 NASH lnril 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Dovs Hours Male Colored WIDOWED | DIVORCED [May 1h 6370 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Auto Mechanic Dairy Co Balto . Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles L Nash Anna Burgess 15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address offending Yes WW Clin. Rec. Vet. Adm. Hospital, Ft Howard, Md 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARCINOMA OF THE S TOMACH WITH METASTASES TO IMMEDIATE CAUSE (o) MENN REGIONAL LYMPH NODES, PANCREAS, LIVER AND COLON UNKONOMA Conditions, if any, which signed gove rise to immediate DUE TO cause (a), stating the underpuo lying couse lost. burial-transit CERTIFICATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110) 19 WAS AUTOPSY 13 PERFORMED? YES TE NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED [Enter nature of injury in Port I or Part II of item 18.] 20c. TIME OF INJURY Month. Day, Year 20d, INJURY OCCURRED 20a. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.1 While Not while at work at work p. m. 2). I certify that Kattended the deceased from February 13, 1959, to April 7 , 1959 movid properties and the second secon ECOCOC and that death occurred at 9:07P.M. from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE å prior M.D. VAH FT HOWARD, MARYLAND pluous 5 moy be retai 5 FUNERAL I page 3 shoul PHYSICIAN'S NAME (Type) CRAWFORD 220. BURIAL, CREMATION, 22b. DAJE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (Stote) REMOVAL (Specify) Baltimore National Burial Baltimore, 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE PONE APR 1 0 '59 VS A15 (4) 15M 10/57 Holland Funeral Home 1631 David Hill



campletely filled in by

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

TO HOSFILM CA the hospital or attending physician.

TO FUNERAL DIRECTOR After this certificate has bern signed by the attending physician and page 3 should be detached for use as the burial-transit permit. Then p ease remare carbon page 3 should be detached for use as the burial-transit permit.

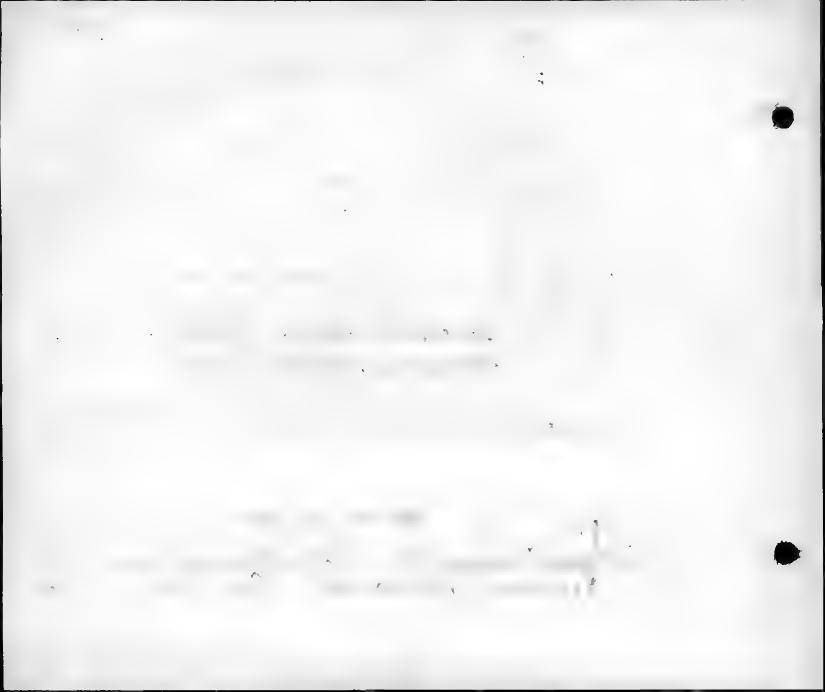
VS A15 (4)

15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2090 CERTIFICATE OF DEATH 04043

	U J 34.	J							Reg. Dist. N	10.
PLACE OF DEATH	D				2 USUAL RESID	ENCE (Wh	ere deceased l	ved If instituti	on. Residence be	
	Baltimore		MAR	YLAND		aryla	nd	b. couldt	Baltimo	re
B CITY OR TOWN (RURAL and give no Drinds		ts, write	c LENGTH OF STAY	(IN 16	CITY OR T	own (f a Dunda		e imits, write R	URAL and give r	nearest lawn)
d NAME OF HOSPITON	TAL (If not in hospital g				d. STREET AI					e. IS RESIDENCE ON A FARM?
	6739 Holab	ird A	ve.		67	39 Ho	labird	Ave.		YES 🗍 NO 🔀
3. NAME OF DECEASED (Type or print)	ANNA	s†	Middle		Lost		4. DATE OF DEATH	Mon		Day Year
5. SEX	6. COLOR OR RACE	7 44400	BELLE BELLE NEVER MARRI	- +	NEALIS DATE OF BIRTH			AGE (n years	18, 1959	AR IF UNDER 24 HRS
Female	White	WIDOWE			Jan. 13,	1873		last birthday) 86 yrs.	Months Days	
10a USUA, OCCUPATIO	ON (Give kind of wark of king life, even if retired)	iane 10b.	KIND OF BUSINESS O	OR INDUST		ACE (State o	ar fore gn coun	try)	12 CITIZEN	OF WHAT COUNTRY
At home							rginia		U.	S.A.
13. FATHER'S NAME					14. MOTHER'S					
Thomas J.		1				garet	Strasl			
(Yes, no, or unknown)	ER IN U. S. ARMED FORG		SOCIAL SECURITY NO		FORMANT		**	Add	ress	
No.					Nealis_	6739_	Holabii	d Ave.		
	ATH {Enter anly and car ATH WAS CAUSED BY:	use per lin			A OTE	01	Dis	20.40		NEET AND DEATH
1111 - 1	IMMEDIATE CAUSE (6)		ORONA	RY	ARTE	RY	1713	EAS	E	Lavys
4.20.1	DUE TO	A	DIFRIO	801	EROTI	0 0	.11.7	21		_ 0
Canditions, if a	mmediate (/ * 4	11 1/10	JCX	2011		- [0 ,	1/3,		
couse (a), stating lying couse last.										
PART II OTH	HER SIGNIFICANT CON		ONTRIBUTING TO DE	TUB HTA	NOT RELATED TO	THETERMIN	NAL DISEASE C	ONDITION G Y	/EN N PART I(a)	19 WAS AUTOPSY PERFORMED?
PART II OTH	VFECTE	_U 1	CER	LE	FTL	EG				YES NO
200. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	TRIBE HOW INJURY O	CCURRED	. (Enter nature of	injury in P	ort I ar Part II	of item 18.)		
20c TIME OF INJUR	RY Month, Day, Yea		JURY OCCURRED		CE OF INJURY (F			town)	{Caunt	ty) (State
Hour a.m.	19	While at work	Nat while of wark		-177 1170017 411110	brogi, area				
21. Ecertify th	otended the	decease	ed from U	4	6. 1954	, to0	4118	193 3	that I last so	aw the decease
alive an	MMIC	_, 125	g, and that	death	accurred_a_	1 A	M, from th			ate stated above
7	121 10	7	11	7_	(-	11/	APORESS (Sire	i, city or town,	stote)	DATE SIGNE
SIGNATURE_	phon /	1/4	relieve to	N	LD. 6	141	Mah	not h	~	
PHYSICIAN'S NAME (Type)	STEOH	EN	C. MAC	KO	WIAK		BAL	TIHO	REJZ	My
220. BUR AL CREMAT C REMOVAL (Specify)	N. 226 DATE THEREO		22c. NAME OF CEM	ETERY OR	CREMATORY		22d LOCATIO	N (City Tawn,	ar county)	(State)
Remova	April 19,	1959	Rose Hil	1 Cen	etery		Paw P		t Virgin	
23 FUNERAL DIRECTOR		การก	ADDRESS				BY REGISTRA		STRAR'S SIGNAT	
OTTLITCH LA	neral Home	6117	nmagik A	ve.		DATE A	PR 21 '59	3 0	witnes & 11	MANUAL.



Green Mount

A/DORESS

04044

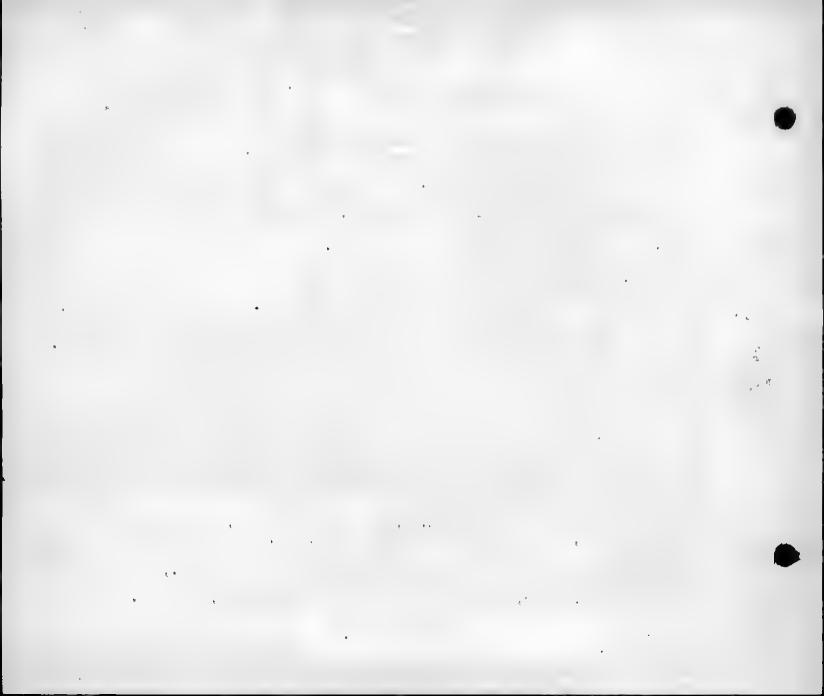
			Reg. Dist	. No			
2 USUAL RESIDENCE (Where deceased lived. It institution. Residence before admission) a. STATE b. COUNTY							
c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
Baltimore		5	Vol		4		
d. STREET ADDRESS					e, IS RES	IDENCE FARM?	
201 Tuscany	Rd.					NO 🗌	
Last	4. DATE	Mont	h	Da	y	Year	
NICODEMUS	OF DEATH	Apri	1	8.		1959	
DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1	YEAR			
Oct. 29, 188	7	71 yrs	Months 0	cys	Hours	Min.	
TRY 11. BIRTHPLACE (State of			12. CITIZ	EN C	F WHAT	COUNTRY?	
Md.							
14. MOTHER'S MAIDEN N	AME						
Elizabeth	Cope	S					
FORMANT		Addre	ess				
rs. Elizabeth	A. B	ull - 820	l LaS	all	e Rd		
Cardio-Vascul	ar Di	50850			ERVAL BE SET AND LO yr		
NOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIVE	EN IN PART	l(o) 1	PERFO YES [RMED?	
(Enter nature of injury in P	art I ar Par	t II of item 18.)				-	
CC OF BUILDING	Email and						
CE OF INJURY (Home, form, ory, street, office bldg., etc.)	201. (City	or town)	(Co	unly)		(State)	
19 <u>59</u> , to Ap	ril 8	1959	that I la	st sc	aw the	deceased	
occurred at: 45 P.M., from the causes and an the date stated above.							
ADDRESS (Street, city or town, store) DATE SIGNED							
1 Mallow Hill Ave. 4/8/59							
Baltimore 29, Maryland.							
CREMATORY	22d. LOCA	TION (City, town, a	r county)		(Stak	e)	
Cem.	Bal	timore, M	d.				

245 REGISTRAR'S SICHATURE

240 REC'D BY REGISTRAR

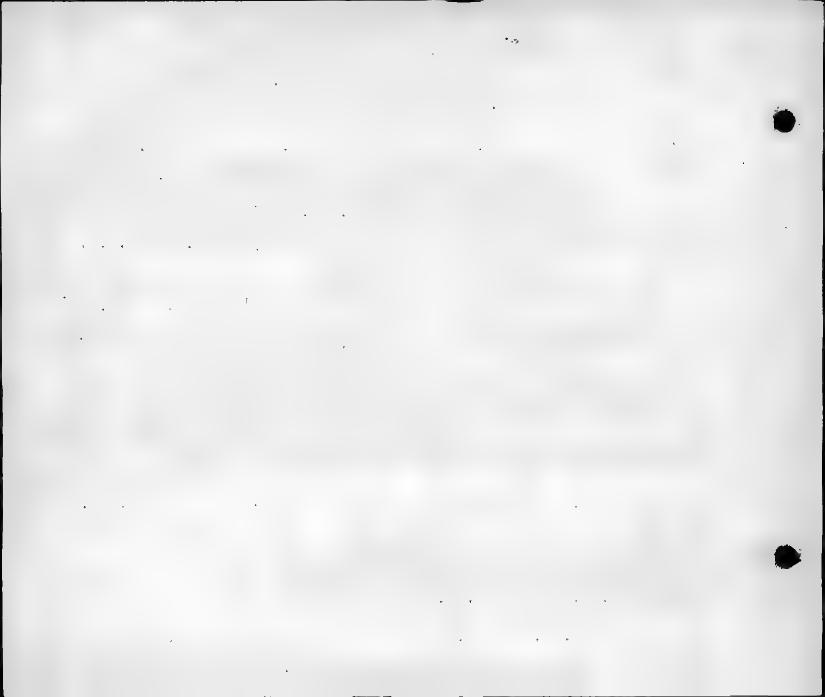
VS A15 (4) 15M 10/57

V



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Stern 776 Chone call - 4/27/57 113. Rea. Dist. Na EALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admiss on) a COUNTY Boltimore **b.** COUNTY MARYLAND b. CITY OR TOWN (I autode corporate limits, write EURAL C. LENGTH OF STAY IN 15. c. CITY OR TOWN (If auts de carparate I mits, write RURAL and give nearest town) 6 days d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDEN . ON A FARM? McDonogh School, McDonogh Road 7309 W. Belvedere YES IN NO IT DECEASED (Type or print) 6. COLOR OF RACE 7. MARRIED [NEVER MARRIED [8. DATE OF BIRTH 9. AGE (in years IF UNDER TYPAR IF UNDER 24 HRS Hours Min Female WIDOWED DIVORCED 🗍 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired)

At Home
Pittsburgh Penn 12 CITIZEN OF WHAT COUNTRY? Pittsburgh, Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Jane Isett Irven Neckermen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Miss Madeline O'Connell.1309 none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETY/FER ONSET AND DEAT & PART I. DEATH WAS CAUSED BY: Fracture of hip, right 24 days IMMEDIATE CAUSE (a) 904.0 DUE TO Generalized Arterioscherosis Conditions, if ony, which) gave rise to immediate cause (**DUE TO** (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY PERFORMED? NO [7] 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF 20t DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18) CAUSE OF DEATH. DODE 'Full at home 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, | 20f. (City or fown) Month, Dov. Year (County) (Stole) Home White Not white at work ... Boltimore City, Md. 2). I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner DIRECTOR D. Explis **DATE SIGNED** M.D. CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER D. Conles. M. D. **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220 BURIAL, CREMATION, 22b. DATE THEREOF 27c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) Burial 959 Mt. Hebron Cemetery 0 Winchester, Virginic 246 REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE n 4611 Park Heights lame. APR 2 4'59 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a COUNTY b. COUNTY Baltimore Baltsimore Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) lvr5mth12dys Caton sville d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? SPRING GROVE 2513 Ashland Avenue STATE HOSPITAL YES TI NO X NAME OF Casemina Middle OF DEATH (Type or print) Minnie April Palma Ana renas 6. COLOR OR RACE 7 MARRIED NEVER MARRIED | B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9 AGE (In years lost birthday) Months white WIDOWED A female DIVORCED | Unknown ADDrox. 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY) 17 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) NOU SEWIIE Sicily, Italy U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anthony Roleosa Marv 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address unk hown 115-20-5321 Records: HOSPITAL SPRING GROVE STATE 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) } INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (a) Terminal bronchopneumonia DUE TO Chronic congestive heart failure Conditions, if any, which gove rise to immediate **DUE TO** cause (a), staling the underlying cause lost, Arteriosclerotic cardiovascular disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES IN NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stole) Hour a.m. foctory, street, office bldg., etc.) While Not while at work p. m. 21. I certify that I attended the deceased from March 9 19 59 to 4-8-59, 19 that I last saw the deceased 8 - 1959, and that death occurred at 6 30 P.M. from the causes and an the dote stated above. ADDRESS (Street, city or town, state) sella Wachster ACTUAL SIGNATURE SPRING GROVE STATE FUNERAL DIR PHYSICIAN'S Stella Wachsler, M. D. Catonsville 28. Maryland NAME (Type) 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)

Holy Redeemer Cem.

arles E. Schimunek Funeral Home

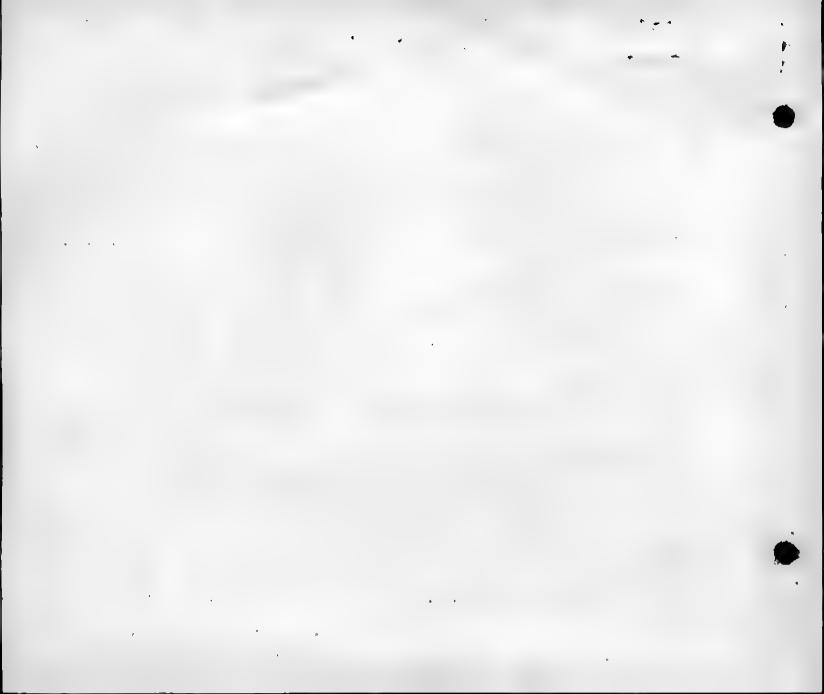
Baltimore, Md.

246 REGISTRAR'S SIGNATURE

Cirthur & House

240. REC'D BY REGISTRAR

VS A15 (4) 15M 10/57



Schimunek Funeral Home

CHARLES E. SCHIMUNEK, FUNERAL DIRECTOR

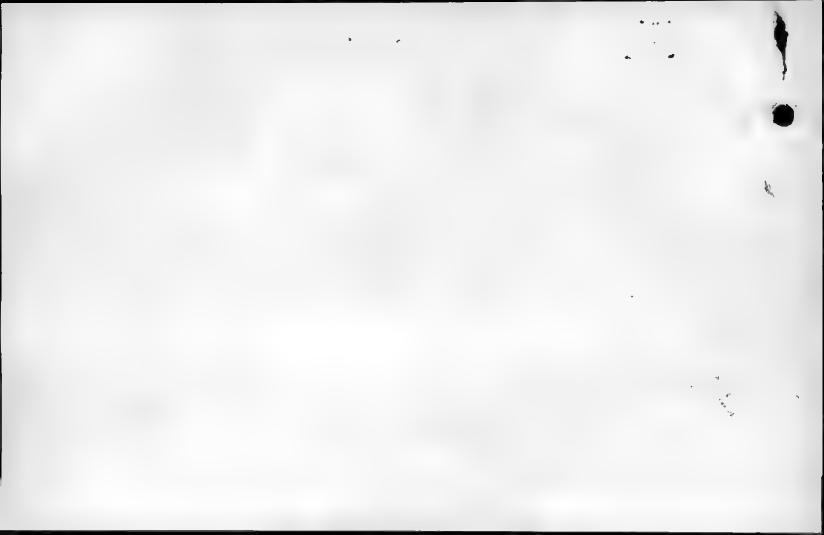
3331 BREHMS LANE BALTIMORE 13, MARYLAND

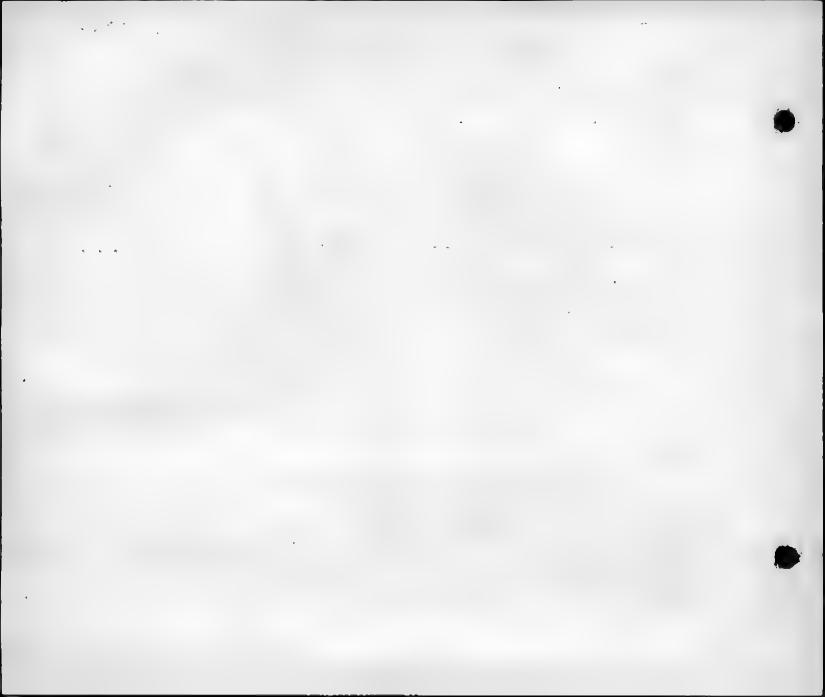
TELEPHONE - DICKENS 2-4900

You will please note, there is not available at this time, date of birth or correct age. A lawyer in New York is working on this and as soon as he can secure same for us, we will forward the information on to you to insert on the death certificate, at which time, we will order transcripts.

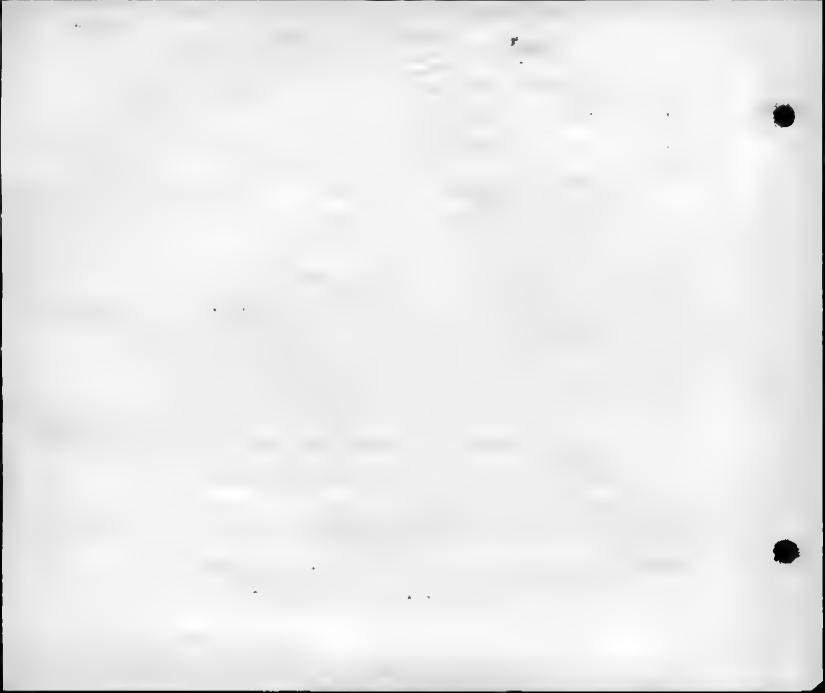
Thanks a lot.

Hilde S Stodgers





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o COUNTY **b** COUNTY MARYLAND Baltimore County b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Maryland d NAME OF HOSPITAL (If not in hospital, give street address) a. 15 RES DENCE OR INSTITUTION ON A FARM? 002 Wilson State Hospita YES NO TO 3. NAME OF DECEASED Middle 4. DATE Yeor 30 (Type or print) 1955 DEATH 5. SEX 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) FEMALE Months WIDOWED IX DIVORCED | 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) NORTH CAROLINA HOUSE WIF. 13. FATHER'S NAME LEONARD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Hospital Records Mt. Wilson State Hospital 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (of ADVANCED PULMONARY TUBERCULOSIS DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) 20c TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stole) Hour o. m. factory, street, office bldg., etc.) Not while at work of work . 1959, to 4-30-, 1959, that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at C. I.S. M., fram the causes and an the date stated above. ADDRESS (Street, city or town, stofe) **DATE SIGNED** Wilson. Marvla d phoods PHYSICIAN'S William Newcomer. M.D. Superintendent NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) FUNERAL DIRECTOR'S ÉIGNATURE ADDRESS 246 REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) 15M 10/57



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i director filed with		1. PLACE C	F DEATH BA	LTIMO	RP.	MARYLAN		AL RESIDENCE (WIN	ere deceased live	ed If institution	n. Residence be	fore admiss	ion)
/ & & _ d	M	b. CITY RURA	OR TOWN (If outside ond give nearest to	corporate limits	, write c. LENG1	TH OF STAY IN	lb c C	TY OR TOWN (IF .	7.	limits, write RL	IRAL and give I	nearest fawr	9
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may be r Page 3 s the regist	ŧ.	BEMOV	Al (Specify) 4	DATE THEREOF	9 20 NAI	ME OF CEMETER	OR CREMAT	CEMI.	228 LOCATION	(City, lawn, or	county)	(State	e)
VS A15 (4) 15M 10/57	20	23 FUNERA	DIRECTOR'S SIGNA	TURE	Lehun	RESS		24a. REC'D DATE	PR 1 5 '59		RAR'S SIGNAT		
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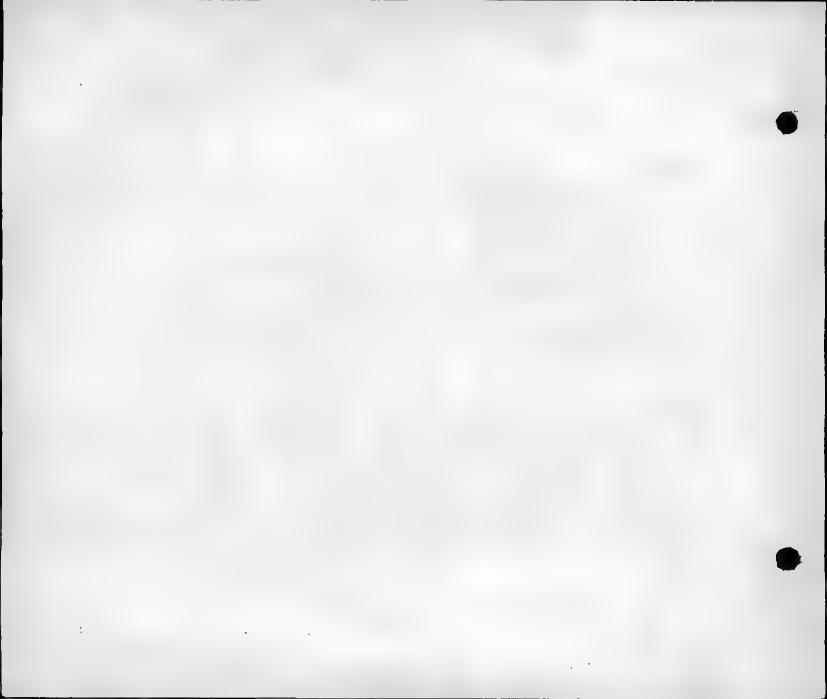
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. ALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before odm ssion) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown) RACELAND OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS . IS RESIDENCE ON A FARM? S. 45TH ST. 526 S. 45 TH ST. YES NO X 3. NAME OF First Middle 4. DATE DECEASED OF DEATH POPE (Type or print) APRIL 1959. 9 AGE (In years 6 COLOR OR RACE 7. MARRIED DE NEVER MARRIED TE B DATE OF BIRTH IF LINDER 24 HRS IF UNDER TYPAR Months WIDOWED | DIVORCED [100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF V/HAT COUNTRY? during most of working life, even if retired) BALTIMORE, MD, MD. DRYDOCK CO. LEADER U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OSAN, FLORENCE Give 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NELLIE NO 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which) gove rise to immediate couse DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ICALITY, WAS AUTOPSY PERFORMED? NO IV 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of riem 18.) 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or town) 20c. TIME OF INJURY Month, Day Year (County) (State) factory, street, office bldg, stc) of work at wark p. m. 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection and in my 0 Inquiry P Suicide . Homicide . Undetermined manner apinion death resulted fram: Natural causes 7: Accident 7. ACTUAL DATE SIGNED SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION 226 DATE THEREOF 22¢ NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 70 246 REGISTRAR'S SIGNATURE A15ME

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Colling & House



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE EALTH DEPT. PLACE OF DEATH . 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Page files. Health, **b.** COUNTY MARYLAND b. CITY OR TOWN (1 outside c. LENGTH OF STAY IN 16 c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town) e, IS RESIDENTA ON A FARM? YES X NO 3. NAME OF Middle DATE Year DECEASED OF DEATH 195 (Type or print) 5. SEX 9. AGE de 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO IF UNDER TYPAR IF UNDER 24 HRS. Months WIDOWED IT DIVORCED oud 10a. USUAL OCCUPATION (Give kind of work done) 10b., KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page during most of working tito, even if retired) Valch mar poges 13. FATHER S NAME 14, MOTHER'S MAIDEN NAME IN U. S. ARMED FORCES? 17. WEORMANT 16 SOCIAL SECURITY NO Address INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH | Enter only one couse peculine for (a), (b), and (c), PART I, DEATH WAS CAUSED BY: 3 da IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which ! gave rise to immediate cause DHE TO (a), staling the underlying couse last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPS PERFORMED? NO力 200, EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part (I of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f (City or town) Month, Day, Year (Stote) factory, street, office bldg., etc.) g. m. While Not while at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection P Inquiry 四 CTOR Suicide , Homicide , Undetermined monner opin on death resulted from: Natural causes A. Accident ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER F **EXAMINER'S** DEPUTY MEDICAL EXAMINER IZ NAME (Type) 220 BURIAL CREMATION 226 22d. LOCATION (City, towny or county) REMOVAL (Specify 70 246, REGISTRAR'S SIGNATURE VS. A15ME



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VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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3930 CERTIFICATE OF DEATH Rea, Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY **b.** COUNTY MARYLAND b CITY OR TOWN (If outside corporate I'm ts write. c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) d NAME OF HOSPITAL (If not in hospital, give street address) ON A FARM? YES NO D NAME OF Year DECEASED (Type or print) DEATH 19 5 9 AGE (In years lost birthdoy) IF JINDER TYEAR IF JINDER 24 HRS 7 MARRIED NEVER MARRIED Months Days DIVORCED | WIDOWED [MLE 10a. JSUAL OCCUPATION (Give kind of work done 10b KIND OF 8USINESS OR INDUSTRY 11 during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? 11126111111 TRUCK DRIVER 13. FATHER'S NAME WILLIAM "RI MELEN RHUNG 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II OTHER'S GNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF NIJRY Month, Day, Year 20e. PLACE OF INUURY (Home, form, 20f (City or town) 20d INJURY OCCURRED (County) (Stote) foctory, street, office bidg , etc) Hour o. m While Not while at work at work , 19 17 that I last saw the deceased 21. I certify that I aftended the deceased from __, and that death accurred at \$201.M, from the causes and on the date stated above. alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) SUPPRERFIELD CEM. 7,30 W114 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REMANY REGISTRAR FURERAL HUARE - DURDHLIK MD DATE



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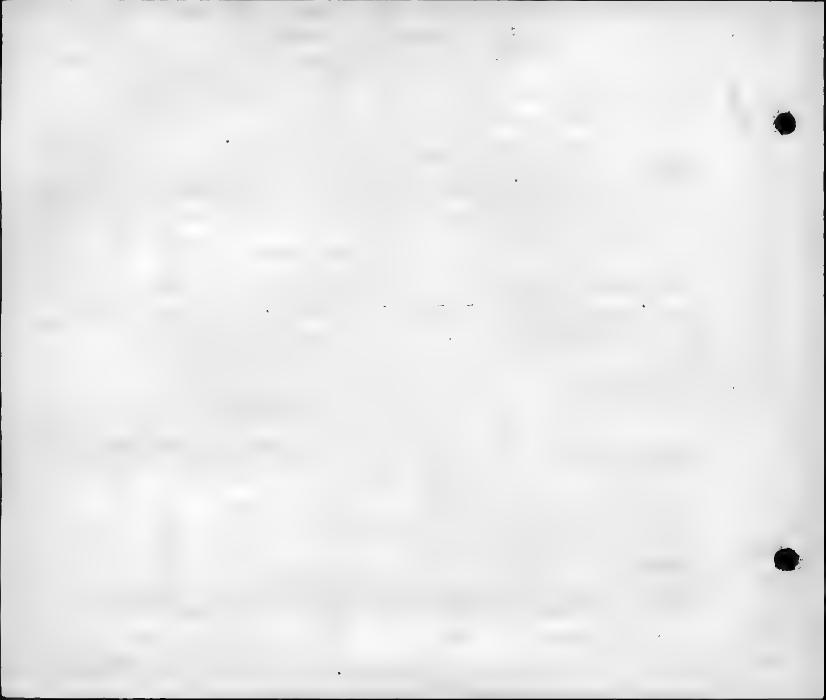
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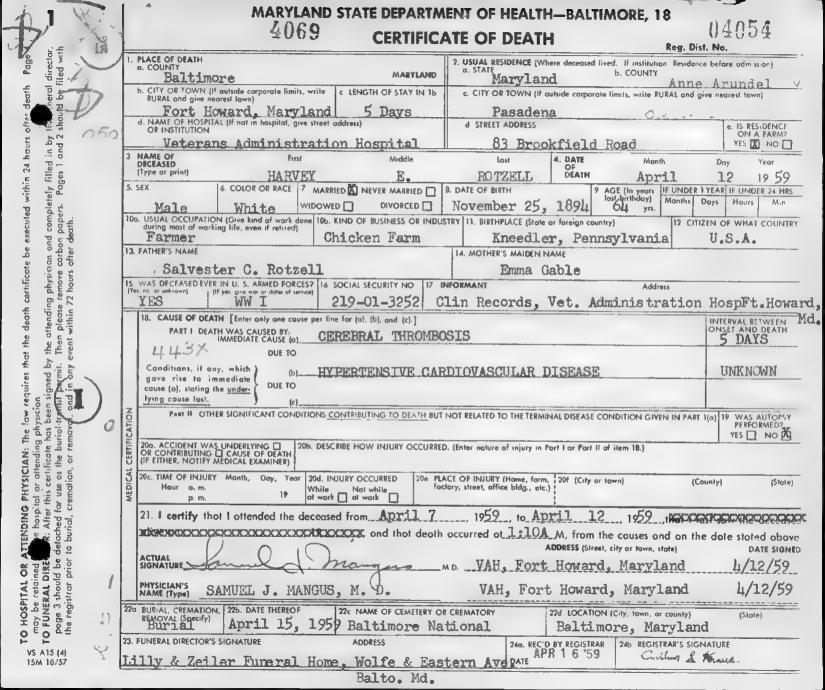
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10 HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 haurs offer death. Page 4 may be retained the hospital or attending physician. by free uneral director, of 2 should be filed with

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5	ğ	ne registrar prior to buriol, cremotion or removal, and in one event within 72 hours after death.	
7	page 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1	Ě	
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5 TO FUNERAL DIRK. OR: After this certificate has been signed by the attending physician and completely filled in			
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9,	55	1	
9,	(4 55	1	

50.000	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a, STATE b, CQUNTY Maryland Baltimore
b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) VLutherville
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Summit Nursing Home	on A FARM? YES NOW!
3. NAME OF First Middle OFCEASED (Type or print) Gertrude H. Rock	lost 4. DATE Month Day Year Of DEATH April 6, 1959 19
5. SEX 6. COLOR OR MACE 7. MARRIED NEVER MARRIED DIVORCED	B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min. Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUducing most of working life, even if retired) HOUSEWITE At home	
Adam Carruthers	Unknown
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 (Yes, no or palaneurit NO 18 Yes, See Hor or define of high real NO 18 (18 Yes) See Hor or	NFORMANT Address
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Crebral	Vescular Accident Interval Between onser and Death
Conditions, if ony, which (b) General /	Zed Arteriosclerosis.
cause (o), stating the <u>under:</u> lying cause last. Cc	
5 Didbetes Mellitus, A	mot related to the terminal disease, condition given in part 1(0) 10 Was autopsy performed? The fatigh mid thigh ILFT, yes I no I
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Eld (Enter nature of injury in Port I or Port II of item 18 YEL (E.A.)
Hour a m. Hour a m. P m 19 While Not while of work all work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from dr. alive an 5 April 59 9 and that death	n occurred of 55 P.M. from the causes and an the date stated above
ACTUAL SIGNATURE DIR BY STATE	MD. 1303 Frederick Rd 7/2011
PHYSICIAN'S W.E. K. Grath D	-D estansville arnd
220. Burial, CREMATION, 226 DATE THEREOF 22. NAME OF CEMETERY CONTROL (Specify) Burial April 9/59 Western Ce	or CREMATORY 22d LOCATION (City, lown, or county) (Slole) metery Baltimore Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
Time MUDALLY - 1300 Euto	W P7 DATAPH 9 '59 Civing & King







Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1. PLACE OF DEATH COUNTY Ba	ltimore		MARI	(LAND	2. USUAL RESIDEN	rylan		lived If institute b COUNTY			Geo	
b. CITY OR TOWN RURAL ond give Caton Svil	(If autside corporate limi learest town) LO		ENGTH OF STAY		e. CITY OR 10		rylan	ite limits, write R	URAL ond	give ne	orest law	n)
OR INSTITUTION	ROVE STATE	HOSPI			d. STREET ADD 5006 Ke		Stree	et .			e. IS RE	FARME
3 NAME OF DECEASED (Type or print)	Geor	-	Middle	Ro	VSS/4/ Rousill	on 4.	DATE OF DEATH	Apri		20 ^{Dc}	ly	Yeor 19 59
5. SEX malle	6 COLOR OR RACE	7 MARRIED [NEVER MARRI		DATE OF BIRTH	1901		AGE (In years lost bythdoy) 50 yrs.	Months	Duys	IF UND Hours	ER 24 HRS
10a. USUAL OCCUPAT during most of wo baker	ON (Give kind of work rking life, even if retired	done 10b KIND)	OF BUSINESS C	R INDUST	RY 11 BIRTHPLAC	E (Stote or I	and	ntry)	12 CI		S. A	COUNTI
13. FATHER'S NAME Thomas	Rousillon				14. MOTHER'S MA	aiden nam Jary S	_	00				
15. WAS DECEASEDEN Yes. No by unknown) UNKNOWN	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	errore)	0-07-402		formant Records:	SPRI	NG (ROVE S	TÆ	HOS	PITA	L
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Dog		4	nea rt dis	ease				INT	ERVAL BI	DEATH
537./		Core	Pulmonal	.e								
gove rise to couse (a), stoling lying couse last	immediate (on ary em	phys	ema.							
PART IL. O'	THER SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DE	ATH BUT N	OT RELATED TO TH	IE TERMINAI	L DISEASE	CONDITION GIV	EN IN PAI	RT 1(o) 1	PERFC	AUTOPSY DRMED?
	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE	HOW INJURY O	CCURRED	(Enter noture of in	jury in Port	1 or Port I	l of item 18.j				
ZOC. TIME OF INJU	RY Month, Day, Yes	27 20d INJUR' While of work	Y OCCURRED Not while of work	20e PLA	E OF INJURY (Horory, street, office bl	ne, form, dg , etc.)	20 f. (City o	or town)		County)		(Stote
	hat I attended the	deceased f		death	19.53 , occurred at			20 , 19 <u>59</u>				
ACTUAL SIGNATURE	Stella		sler		D. SPRIN	ADC		et, city or lown,			D	ATE SIGN 20-5
PHYSICIAN'S NAME (Type)	Stella Wac	hsler,	M. D.		Caton	svill	e 28,	Maryla	nd			
220. BURIAL CREMATI	ON, 226 DATE THEREO	5-9 no	PINT . AL	FIERY OF	CREMATORY/	220	d. LOCATH	Chilles	log	20	ISio	0
23 FUNERAL DIRECTOR	Camples	Boda	ADDRESS	7//	$Z_{i} \mid L \mid I \subseteq I$	ATEAPH 2			TRAR'S SI			

be filed with may be retained the haspital or attending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely filled in by 11% cheroling page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after TO HOSPITAL OR VS A15 (4) 15M 10/57



VS A1S (4) 1SM 10/57 ti

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4071

CERTIFICATE OF DEATH

()4056 Reg. Dist. No.

<i>}</i>	b. CITY OR TOWN (If or RURAL and give neon Catonsville		3	MARYL	AND	o. STATE			n Residence	before admiss	ion)	
3P	RURAL and give near	utside corporate limit	1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland b. COUNTY				
:3	Catonsarille	and descend	ts, write	c. LENGTH OF STAY II	1 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)						
	OCCUPATION ATTIC	Baltimore	2	2 \	1:1 .	4						
-	d. NAME OF HOSPITAL		ive street	10yr9mth18		d. STREET ADDRESS				e. IS RES		
- 5	SPRING ROV	E STATE	HOS	PITAL		2215 E	Boyer S	Street			FARM?	
	3. NAME OF DECEASED	Fin		Middle		lost	4. DATE OF	Mont	h	200	Yeor	
-1	(Type or print)	Eliz	,a			Ruberry	DEATH	App	cil	8	19 59	
			7 MARR	IED NEVER MARRIED	A	DATE OF BIRTH	1	9 AGE (In years		YEAR IF UND		
1	female	white	WIDOWE	D DIVORCED		January 10,	1864	lost birthday) 95 yrs	Months D	lays Hours	Min	
1	10a. USUAL OCCUPATION during most of working	(Give kind of work of	Jone 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Slote	or foreign car	untry)	12 CITIZ	EN OF WHAT	COUNTRY?	
1		mestic	'			Virginia	3		TI.	S. A.		
ı	13. FATHER'S NAME	· · · · · · · · · · · · · · · · · · ·		-		14. MOTHER'S MAIDEN I				. 06 178		
1	Bartho]	omew Rube	rrv			Ann McDone	moh					
ı	IS. WAS DECEASED EVER I	N U. S. ARMED FOR	CES7 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Addre	ess	-		
1	unknown [14]	res, gave wor or dotes of si		unknown	Re	cords: SPRI	ING GD	OVE STA	गार पार	DSPITAL		
F	18. CAUSE OF DEATH	I finder only one co			1 160	coras, prin	LING GIV	OVE SIA	II II	INTERVAL BE	TOMESTAL	
	PART I, DEATH	WAS CAUSED BY:			a ala a	la mana a resuma a sale				ONSET AND		
1	11001	MEDIATE CAUSE (of		erminal br	OHC	hopneumonia						
	40001	DUE TO		whami onel	<u></u>	0 0-445.00-50	در در د					
Conditions, if ony, which (b) Arteriosclerátic cardiovascular disease												
	Cause (a), stating the			a 72								
	lying cause lost) (c)				erioslerosis				L		
24	O PART III. OTHER	SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT !	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	EN IN PART 1	PERFO	AUTOPSY RMED? NO 🔯	
	PART II. OTHER PART II. OTHER 20g ACCIDENT WAS I OR CONTRIBUTING [] OF EITHER, NOTIFY ME	JNDERLYING D CAUSE OF DEATH DICAL EXAMINER	20b. DESC	CRIBE HOW INJURY OC	CURRED	(Enter nature of injury in	Port I ar Port	11 of item 18.)			Baquid .	
			r 20d. in	JURY OCCURRED 2	0e. PLA	CE OF INJURY (Home, form	20f. (City o	Or fown)	IC o	uniyi	(Stole)	
	70c. TIME OF INJURY Hour o m.	19	While	Not while of work	faci	ary, street, affice bldg., wto	:)	o. 101117	(00	vy,	(3,016)	
1	21. I certify that	Lattended the	decense	ed from Apr.	il 3	19.59, ta	4-8-	10 5 9	that I la	et cour the	decessor	
1	alive an 4-	8-59	10 5			occurred at 010 f						
	A			1.7	rcui II						ta abave NTE SIGNED	
	ACTUAL SIGNATURE							9-59				
	PHYSICIAN'S ST	tella Wach	nsler	, M. D.		Catonsv	433a 9	8 Normal	and			
F	220 BURIAL CREMATION,	226 DATE THEREO	F	22c NAME OF CEMET	FRY OR			8. <u>Naryl</u> On (City Jown, o		/C+-4		
	SEMOVAL (Specify)	apr. 9	1959	m. 16	11	die Con	1000	town	200 3	(State	De 11	
7	23. FUNERAL DIRECTOR'S S	IGNATURE	-0/	ADDRESS	2-3/4	2An. REC	D BY REGISTR	AR 24b REGIS	TRAR'S SIGN	IATURE	1.65	
	D. LASIB	20 180	20 E	Lowleya	11.	DATEAP			-mi & h			



death: Page 4

TO MOSTIFIAL OF A TREE PARTY of the Control of the Control of the Control of Complete of the Control of Complete of the Control of C

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL OR

VS A15 (4) 15M 10/57

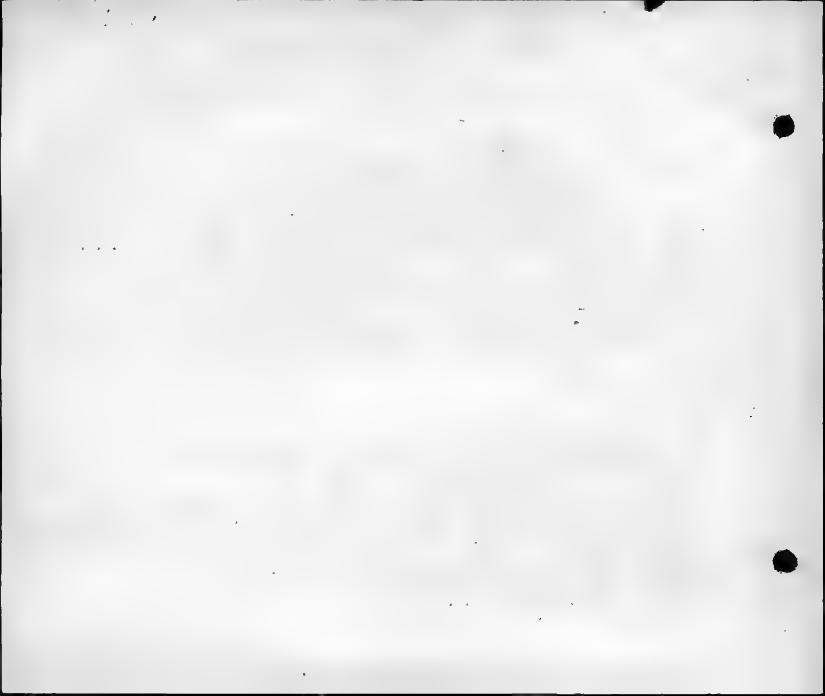
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 をかつつ

CERTIFICATE OF DEATH

04057

	~ U 4 W	<u> </u>			•	R	leg. Dist. N	ło.
1. PLACE OF DEATH o. COUNTY			II.	USUAL RESIDENCE (Who STATE	era deceased live		Residence be	efore admission)
BALTIM		MARYLAN	40	MARYI	AND	b. COUNTY		-8 T
b. CITY OR TOWN (If our RURAL and give neares	Iside corporale fimils, wri il Iown]	ile c. LENGTH OF STAY IN	1	c. CITY OR TOWN (IF o	utside corporate	limits, write RUR	At and give i	nearest town)
FORT HOWARD		3 DAYS		3 DUNDALK				
d. NAME OF HOSPITAL (d STREET ADDRESS				e, IS RESIDENCE ON A FARM?
	MINISTRATIO	N HOSPITAL		1826 WAI	NUT AVE	NUE		YES NO
3 NAME OF DECEASED	First	Middle	_	Lost	4. DATE OF	Month		Doy Year
(Type or print) 5. SEX 16.	GEORGE		-	CHERTLE	DEATH	APRIL		7 1959
		MARRIED NEVER MARRIED		ATE OF BIRTH	le	ost birthdoy) N	Onlhs Day	AR IF UNDER 24 HRS
	WW A A obs. ob. A.A	OWED DIVORCED	7 944	NUARY 10, 1		· /	1	
during most of working	life, even if retired)	106 KIND OF BUSINESS OR II	NDUSIRY					OF WHAT COUNTR
BRICKLAYER 13. FATHER S NAME		STEEL MILL	11.	BALTIMORE,		עש	U . 8	5.A.
HARRY SCHE	ያ. ተጥር		'	MARY WAGNE				
15 WAS DECEASED EVER IN		TA SOCIAL SECURITY NO. 1	7 INFO		226	Address		
IVes. no. or unknown) [If yes	Wes]]	Unknown			DM HOSP			MARYLAND
		er tine for (0), (b), and (c)]	2020				18	TERVAL BETWEEN
TAKE DEATH V	WAS CAUSED BY: S	UBARACHNOID HE	MORE	HAGE				"BET DAY BEATH
2201	DUE TO							
Conditions, if ony, gove rise to imme								
couse (a), sloting the								
Z PART II OTHER S	J (c)	NS CONTRIBUTING TO DEATH	PLIT NOT	DELATED TO THE TERMIN	NAL DISCASE CO	AIDIZIONI CIUTI	IAA BABT IAA	TIO MAIN AUTORCY
PART II OTHER S	JOHN CHIT CONGING	NS CONTROLLING TO BEATT	, 801 NOI	KEDATED TO THE TERMIN	NAL DISEASE CO	—	IIN PAKI 1[0]	PERFORMED?
20a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCU	IRRED. (E	nter noture of injury in P	ort I or Part II a	f item 18.)		
20c. TIME OF INJURY A			. PLACE	OF INJURY (Home, form,	20f (City or t	own)	(Count	y) (Stote)
Hour o.m.		hile Not while work 🔲	rociory,	street, office bldg., etc.				
21. I certify that	Auttended the deci	eased from April L	l 9	1959 toApr	il 7,	1959	Nar riem	ODDUBOBIO
		SCOCCE and that de	ath oc	-,				
	Ρ, /	0 0 0				city or fown, sta		DATE SIGNI
SIGNATURE	m W.C	rawteres	M.D.	VAH FT.	HOWARI	, MD		1,/8/5
PHYSICIAN'S		F				<i>y</i>		
NAME (Type) JOHN	W. CRAWGOS	RD, M.D.				·-·-		
PEMOVAL (Specify)	22b DATE THEREOF	22c NAME OF CEMETER	Y OR CR	EMATORY	22d. LOCATION	(City, town, or c	ounty)	(Stote)
BURLAL	Apr. 10,19		e Nat	ional	Balt	imore, l	Varyla	nd
23. FUNERAL DIRECTOR'S SIC		ADDRESS		A F	PR 9 '59	24b. REGISTR		
Walter Brook	ks Bradley	700Willow Spri	ng Re	d Ralt PANT	11 9 39	Cirl	hun L H	rand





may be retained. The haspital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 should be filed with the registror prior to burial, cremation, ar removal, and in any event within 72 hours after death. death. Page TENDING PHYSICIAN: The low requires that the death conficote be executed within 24 hours TO HOSPITAL OF

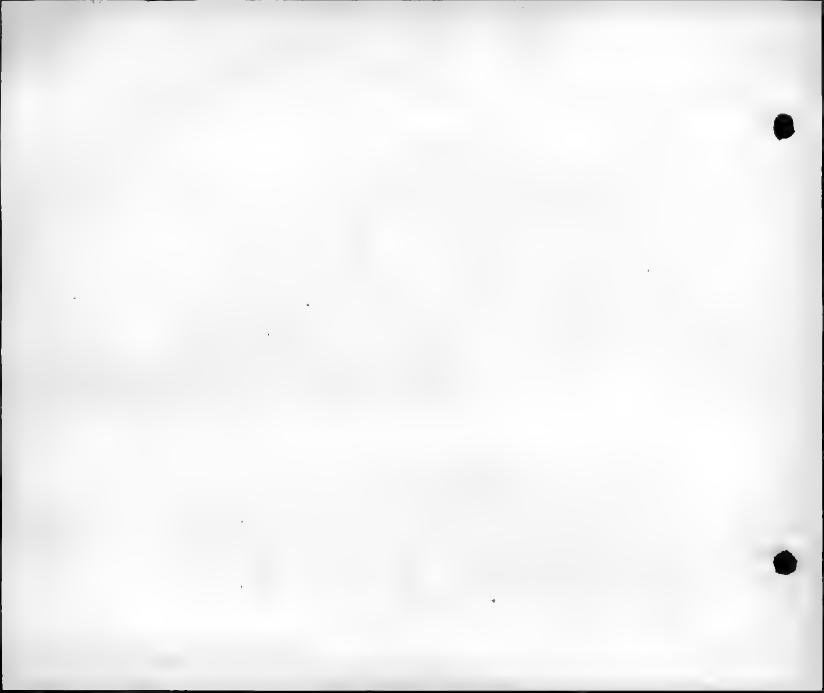
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3937

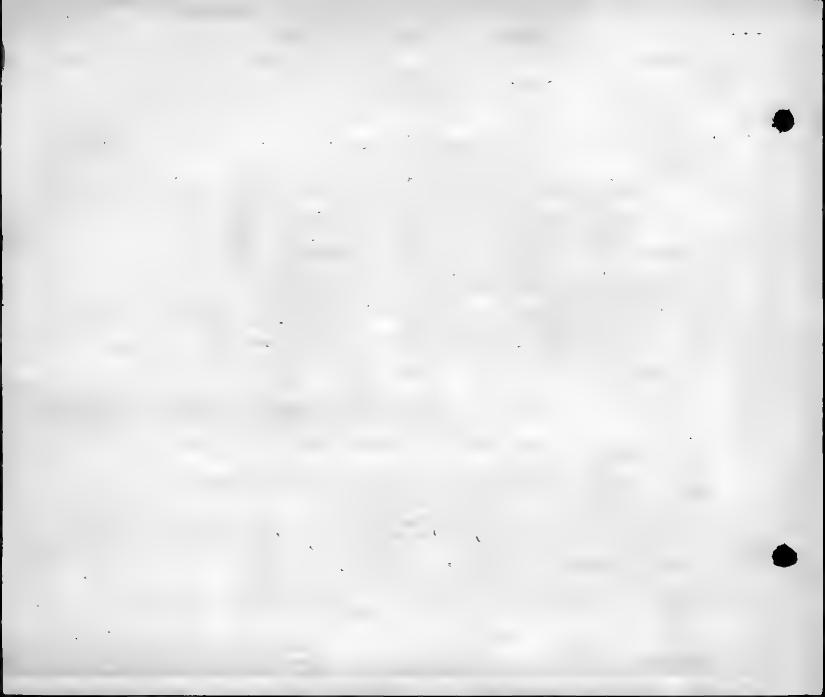
CERTIFICATE OF DEATH

04059

0001	Reg. Dist. No.
PLACE OF DEATH O COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b. COUNTY
BALTIMORE MARYLAND	B. STATE B. COUNTY BALTIMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
Dun DALK	DONDAUR 5?
d NAME OF HOSPITAL (If not in haspital give street address)	d STREET ADDRESS & IS RESIDENCE
OR INSTITUTION, 950 WITREHAM RD	1950 WAREHAM PI ON A FARM? YES NO 1
3. NAME OF First Middle DECEASED	Lost 4. DATE Manth Day Year
(Type or print) ADAV	19.55 DEATH 47314 27 19.55
5 SEX ,6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
134 = 11917 WIDOWED DIVORCED	1722 11/886 Tost birthday) Months Doys Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY?
CALITICE CIPERBYUZ BOX	MARYLAND OSA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM SCHREIBER	LOUISE SE'BERT
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes, give wer or dates of service)	INFORMANT Address
	LRUY SCOLELIZER (SC) "A TS, + 4 M
18 CAUSE OF DEATH [Enter only one cause per line of a) (b), and (c)]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	a of 40 cases onset and death
157x DUE TO	
Condition of any which) Mrs. Face	Theness 20 years
gove rise to immediate	
cause (a), stating the under-	he kven 114km
	T NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	PERFORMED? YES NO!
200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR	ED (Enter noture of injury in Port I or Port II of item 18)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (EIRE HOUSE OF HIGH) IN COLUMN TO FOR HER FROM TO F
	LACE OF INJURY (Home, form, 20f (City or town) (County) (State)
Haur c. m. p. m. 19 While Nat while of work of work	actory, street, affice bldg., etc.)
	9 30C/1 1 Cim/ 3 = 1056 4 411 4 4
21. 1 certify that I attended the deceased from	, 1954, to 277 35, 1959, that I last saw the deceased
alive an 12.77, and that deat	h accurred at // / M, from the causes and an the date stated abave ADDRESS (Street, cityor town, slote). DATE SIGNED
ACTUAL Marie C. Jech	1010 NOH Paul Rd 4/251
SIGNATURE Miss a. Jacob	M.D. 1 6 / 1969 FOLTO TISTON
PHYSICIAN'S MORRIS (A-) 40065	10 web 24 mg
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	
730 RI 11 L 5/1/59 BAR LI	4WIL COLGATE : "
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
The CO	



15/	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
47	名動では CERTIFICATE OF DEATH Reg. Dist. No.
I director, filled with	PLACE OF DEATH O. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE O. STATE O. STATE O. COUNTY
i i i i	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) SMTHS ALTIMORE VOICE
by Should	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR FARM? OF A STREET ADDRESS BOY N, PATTERSON PR. AVE YES INCHIENTED NOT
124 haur Illed in 5 es 1 ond	3. NAME OF DECEASED LOST 4. DATE Month Day Year OF DECEASED (Type or print) IDA V. SCHUBERT DEATH APRIL 12, 1959
d within bletely fi	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. Min.
execute nd comp n page death.	100. USUAL OCCUPATION (Give kind of work done of the line of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY: NARYLAND 12. CITIZEN OF WHAT COUNTRY:
icion of	13 FATHER'S NAME JAMES BRIGGS 14. MOTHER'S MAIDEN NAME ELIZABETH THORNE
r certificate ing physicio e remove	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no., or unknown) (If yes, give wor or dates of service) (18) Address Addr
ne death contending in please of within	18. CAUSE OF DEATH [Enter only one couse per line-for (o), (b); and (c)] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) WILLIE AND DEATH ONSET AND DEATH
es that the cd by the mit. The Any ever	782.4 DUE TO Conditions, if ony, which) (b)
signe d in	gove rise to immediate cotts (a), storing the <u>under-lying couse lost.</u> [c]
i physicial has been rial-trapial naval on	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
tending ificate the bu	
PHYSIC tol or of this cert r use as rematiar	20c. TIME OF INJURY Manth, Day, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while ot work of two two the ot work of two
ENDING the haspit X: After fached fo burial, cr	21. I certify that I attended the deceased from 410, 1959, to 4-12, 1959, that I last saw the deceased alive on 412, 1959, and that death occurred at 9:40PM, from the causes and on the date stated above.
Ped	ACTUAL SIGNATURE ADDRESS (Street, off or folion, stote) ACTUAL SIGNATURE ADDRESS (Street, off or folion, stote) ADDRESS (Street, off or folion, stote) ADDRESS (Street, off or folion, stote)
FAL Peta Pau Pau	PHYSICIAN'S LAURENCE C. Post Bellimore 12 Trid
noy be noy be poge 3 s poge 3 s	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BENOVAL (Specify) 4 16 59 WESTERN CEM. 22d. LOCATION (City, town, or county) D. (State)
VS A15 [4] 15M 9/55	22 SUNERAL DIRECTOR'S SIGNATURE 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATAPR 1 6 '59 C. C
4	



ND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04061 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY **b.** COUNTY be filed MARYLAND laruland b. CITY OR TOWN (If autside corporate limits, write c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest lawn) timore atonsvi d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OF INSTITUTION ON A FARM? 67 lamworth Road Touse in YES NO DOC J. NAME OF 4. DATE Middle Last Month Year Doy **DECE ASED** OF DEATH (Type or print) 19 9. AGE (In years last birthday) 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 21 HRS MARRIED NEVER MARRIED B DATE OF BIRTH Months Days Hours Min DIVORCED [7] WIDOWED The emale yrs USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY | 1 BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) Baltimore. TOU. 13 FATHER'S NAME Denah Dirschner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (arsdale Road 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY:
| IMMEDIATE CAUSE (a), DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause fast. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f (City or town) (County) (State) factory, street, affice bldg, etc.) Hour a.m. While Nat while at wark a ot wark 21. I certify that I attended the deceased from Shat I last saw the deceased and that death/accurred M, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE TO FUNERAL DII page 3 should PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Baltimore, emetery land 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATUR 24a. REC'D BY REGISTRAR APR 6 Hartord DATE 15M 9/55

director,

2

filled

physician

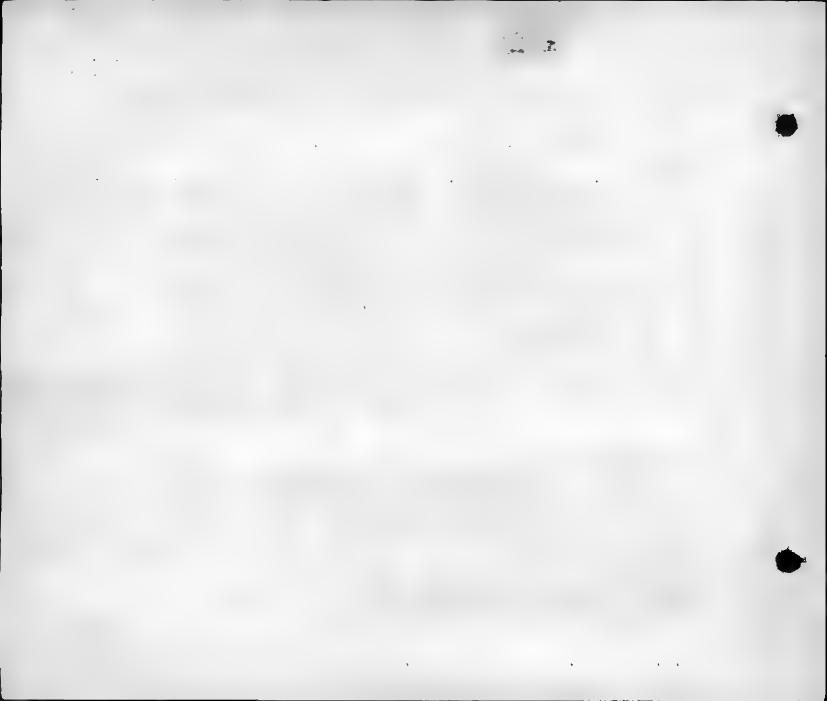
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requires that the

death. Page

within 24

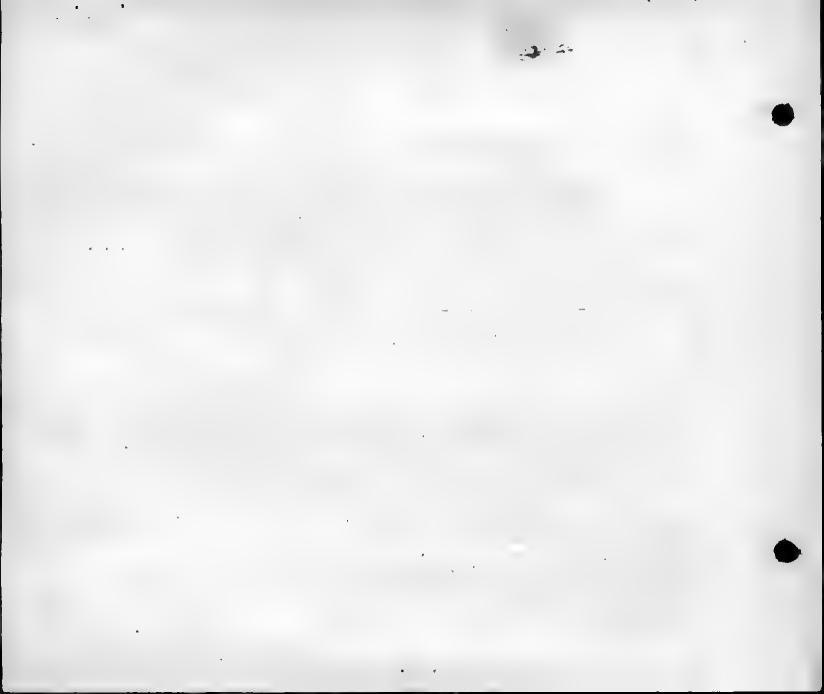


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No director, iled with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a STATE MARYLAND BALTIMORE **b.** COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN IIf outside corporate limits, write RURAL and give nearest fown) FORT HOWARD 5 DAYS BALTTMORE d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? VETERANS ADMINISTRATION HOSPITAL 2008 WEST LAFAYETTE STREET YES NO D 3. NAME OF First Middle 4. DATE Month DECEASED Yeor ARTHUR (Type or print) F PEDGWICK DEATH APRIL 26 19 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9 AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS Months Days MALE NEGRO WIDOWED [7] DIVORCED [JANUARY 1, 1891 popers 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) BOOT BLACK SHOE SHINE PARLOR BALTIMORE U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHARLES SEDGWICK ELLA BLAND IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address YES 212-24-8673 CLIN REC VET ADM HOSP FT HOWARD 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] FMBOLIS LEFT PULMONARY ARTERY AND PART I DEATH WAS CAUSED BY-LEFT FEMORAL ARTERY IMMEDIATE CAUSE (a) 1460 7 DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), staling the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? AND HYPERTENSIVE CARDIOVASCULAR DISEASE POLYCYST 206 ACCIDENT WAS UNDERTRING 1 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Port II of item 18.)*
(IF EITHER, NOTIFY MEDICAL EXAMINER) YES NO T 20c. TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day. 20f. (City or town) (County) (Stote) Hour a.m. Factory, street, office bldg., etc.) Nat while at work at work D. m. 19 59 to April 26 1959 MANDANGE CONSCIONA 21. I certify that I attended the deceased from ADPIL 21. And the death accurred at 9:140A. M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE priar FUNERAL DIRE ê. VAH, Fort Howard, Maryland PHYSICIAN'S STEPHEN TOMS, M. D. ___VAH. Fort Howard. Maryland 22a. BURIAL CREMATION 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Page REMOVAL (Specify) Baltimore, Md. Baltimore National Buri al 9 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24n, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

Flroy Wilson Funeral Home, Balto, Md.

arilan & House

VS A15 (4) 15M 10/57



1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
			4077 CERTIFICATE OF DEATH (14063)
director liled with		I. PL	ACE OF DEATH COUNTY BALFIMARE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE MARYLAND COUNTY Wicomico
e funeral		b.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
by the d 2 shau	2	d	NAME OF HOSPITAL (If for in haspital, give street address) OR INSTITUTION OSEWOOD STATE TRAINING SCAR 309 PRINCE ST ON A FARM? YES NO [2]
itled in	Î	DI	AME OF FIRST WALLACE SCAKE: DATE Month Day Year OF DEATH H 25 1959
d within letely f		S SE	6. COLOR OR RACE 7 MARRIED NEVER MARRIED 58. DATE OF BIRTH WIDOWED DIVORCED 3-23-5 9 AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS yes with the last birthday) WIDOWED Months Days Hours Min
executed and compute properties of the computer of the compute		l0a	USJAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or fareign country) 12. CITIZEN OF WHAT COUNTRY Country of Warking life, even if retired)
ate be accan ar e carbo rs after		3. F/	I bert Sent beil I Rene Marie Banks
ng physic e remove 72 hours			VAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address (If yes, give wer or dates of service) Reserved Chart
the death ce attending nen please in within 72	7	1	B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (a), Respiral to Res
ed by the rmit Tt any eve			Conditions, if ony, which by MicRocephaly
requir		<u>,</u>	couse (o), stoting the under- ying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY
The law g physic hos be uriol-tro mayal,	7	CERTIFICATIO	PERFORMED? YES NO NO
CIAN: " Hending Infricote the bu The bu The bu			206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) IF EITHER, NOTIFY MEDICAL EXAMINER)
tal or a this cer are use as remarka		MEDICAL	Oc TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED Hour o. m. Post work at work at work at work while at work the control of the control
NDING e hospi i: After iched fo urial, c		- 1	21. I certify that I attended the deceased from $4-24$, 1957, to $4-25$, 1957, that I last saw the deceased alive on $4-24$, 1957, and that death occurred at $5A$ M, from the causes and on the date stated above
RECTOR Pe deto riar to b		4	ADDRESS (Street, city or town, state) # 25 - DATE SIGNET SIGNATURE Plonge States M.D. Rosen &
OSPITAL OF retained INERAL DIR. I Should be registror principal in registror principal in the second of the registror principal in the second of the second	1	ļ	NAME (Type)
O HOSP moy be D FUNE page 3 the regi			BUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (State) REMOVAL ISPECTION (City town, or county) (State) Wicomico Memorial Park Salisbury, Maryland
VS A15 (4) 15M 9/58	***		UNERAL DIRECTOR'S SIGNATURE ADDRESS OLIOWAY & COMPANY SALISBURY MARYLAND ADDRESS 24d. REC'D BY REGISTRAR CALLING CALLING A THAILA



1/2	4
FOR STAT	ľΕ PŢ.
EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please c, writing the ward "pending" is pendin in Item, 18. Give Pages 1, 2, and 3 to the funeral of pr. Page ed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for Item. If item. Item. Inc. ITEM. Page 3 shauld be used as a burial-transit permit. File pages 1 pad 2 with the State Board of Health, agent, prior to burial, cremation, ar remaral, and in any event within 72 hours after death.	X
JTY MED	0
DE SER	

VS. A15ME 5M 2 57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

() 4064 Reg. Dist. No.

		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
,	0	COUNTY OS alto- MARYLAND	o. STATE b. COUNTY / SALT
	Ь	CITY OR TOWN (Four side corporate limits write RURAL C LENGTH OF STAY IN 86	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		alonguelle. 5-vis.	Katorianice 29
	d	NAME OF HOSPITAL OR INSTITUTION (15 not in hospital, give street address)	d STREET ADDRESS
	5	305 ONA Freverich Red	5305 Old Frederick, VES NO IN
		NAME OF PICEASED Type or print HABLES Edw. 5HI	PLEY 4. DATE Month Doy Year 1959
	5. S	EX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 18	
		MULE. W WIDOWED DIVORCED	8/28/93 COS yrs. Months Days Mours Min.
	10o.	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST bring-most of working life, even of retired)	IN II. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		asalto ev. Inter Worker	Ind. U.S.a.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
i		Charles E. Sp pley	(djin
	15, [Yes,	. no. gr unknown) (If yes, give war or dates of torvice)	NFORMANT Address
		yer h'n/	livea Hampson (Distes)
	1	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	le Cardiac failure
		4° " DUE TO	
		Canditions, if ony, which) (b)	o tratular
		gove rise to immediate course (a), stating the underlying DUE TO	1.1
		course lost.	mouse
	ğ	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?
)	3		YES NO NO
!	CERTIFICATION	PRIMARY LI OF CONTRIBUTING LE	inter nature of injury in Part 1 or Part II of item 10)
		CAUSE OF DEATH.	
	MEDICAL	Hour o.m. While Not while	CE OF INJURY (Home, form, 201, (City or town) (County) (State) ory, street, office bldg., efc.)
	2	p. m. 19 of work of otwork	in hold as Automatic Delivery in the last of the second se
		21. I certify that I took charge of the remains described abo	
		opinion death resulted fram: Natural causes Accident	
		ACTUAL Some Kielder	M.D. CHIEF MEDICAL EXAMINER (
,		SIGNATURE TO THE SIGNATURE	_M.D. CHIEF MEDICAL EXAMINER []
		EXAMINER'S GEO, 8. M. KIEFFE	MORPHER MEDICAL EXAMINER 1
	270	BURIAL CREMAT ON, 226 DATE THEREOF 220 NAME OF CEMETERY OR	CREMATORY 22d JOCATION (City, town, or county) (State) -
1	Te	TEMOVAL (Specify) 5/2/59 m. C. 67	with Militaville Frid.
2	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REC'O BY REGISTRAR 246. REGISTRAR'S SIGNATURE
1		17:11 7 7 1 10h & 10/m 2/8	DATE MAY 4 '59 Orthun S. House



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



- L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 84866 4080 **CERTIFICATE OF DEATH** Rea, Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY o. STATE **b.** COUNTY MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Pilesvil Pikesville VIS. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION X ON A FARM? Sudbrook YES NOT 3. NAME OF First 4. DATE Middle Lost Month Yeor DECEASED DEATH (Type or print) 19 50 Margaret RITa Shi ni ev April 5. SEX 6. COLOR OR RACE 7 MARRIED K NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Months Days Hours WIDOWED [7] DIVORCED | Remale 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Housewife Own home West Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Ella Hanna Rev. Caleb M. Yost 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 1 05 VI 100 VI dr. E. Glen Shirley, 207 Sudbrock Lane ottending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Cancer of Right Breast Conditions, if ony, which ! gove rise to immediate **DUE TO** couse (o), stoting the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 57 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I of Part II of item 18.) 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while at work at work 21. I certify that I attended the deceased from 29.50. Z,that I last saw the deceased 2, and that death occurred at 51 A:M, from the causes and an the date stated above. alive on___ ACTUAL SIGNATURE D 20 PHYSICIAN'S NAME (Type) FUNER/ 220. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (CIN (Stote) Lurial Cemetery 23. FUNERAL DIRECTOR'S SIGNATUR 246 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 1SM 10/S7



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4081 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) o COUNTY **6. COUNTY** Maryland Bal timo re MARYLAND b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give segrest town) 2mth10dys Baltimore, Maryland d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS e IS RESIDENCE ON A FARM? 1136Sargeant Street SPRING HOSPITAL GROVE STATE YES NO NAME OF First Middle DATE Month Yarri DECEASED Sipes DEATH April Agnes (Type or print) 19 9 AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE 7 B DATE OF BIRTH MARRIED TO NEVER MARRIED TX Months July 29, 1870 female w hite DIVORCED [WIDOWED [7] 10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. A. Mary land none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ephriam Sipes Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT HOSPITAL SPRI NG GROVE STATE unknowh Unknown Records: CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease Years IMMEDIATE CAUSE (a) HL del **DUE TO** Generalized arteriosclerosis Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1): 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO P 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED Doy, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o.m. While Not while of work Of work 2). I certify that I attended the deceased from April April 21 __52that I last saw the deceased _____, and that death accurred at 6145pM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL 4-21-59

PHYSICIAN'S Bruno Radauskas, M. D. NAME (Type)

Catonsville 28, Maryland

22d LOCATION (City, town, or county)

(State)

220 BUR AL CREMATION, 226 DATE THEREOF REMOVAL (Specify) 23 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

22c NAME OF CEMETERY OR CREMATORY

24n REC'D BY REGISTRAR

24b REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57

P 3 shoul

950

FUNERAL



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 4082 Rea. Dist. No. director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY o. STATE **6. COUNTY** MARYLAND era b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limps, write RURAL and give nearest town) RURAL and give nearest town) ... d_NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES TO NO DO NAME OF Middle Day Year DECEASED (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8 DATE OF BIRTH AGE (36 years lost birthdoy) IF UNDER TYEAR IF UNDER 24 HRS Months Doys Hours Min DIVORCED [WIDOWED FT 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 111. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if returned) 71600 Collect 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Of yes, give wor or dates of service) Take 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) the whole of DUE TO Conditions, if ony, which ! gave rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPS) PERFORMED? 0 YES NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or lown) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. While Not while ol work ol work p. m. 21. I certify that I attended the deceased from "that I last saw the deceased and that death occurred at 7 7 M, from the causes and an the date stated above. alive an_ ACTUAL SIGNATURE shauld PHYSICIAN'S NAME (Type m 230 BURIAL, GRENATION, 225. DATE THERPOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City Town, of county) (Stote) page 6062 0 AUNERAL/DIRECTOR'S SIGNATURE 24b REGISTRAR'S SIGNATURE VS A15 (4) DATE 15M 10/57



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

04069

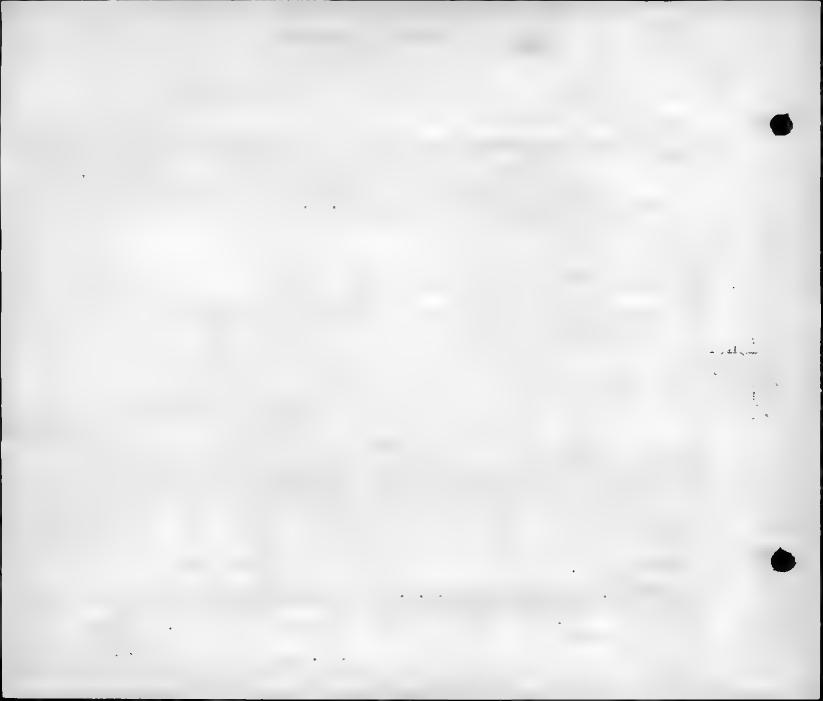
L		303	2	ÇEKIII	ICAI	L OI DEA	117		Reg. Dis	it. No.	
1.	PLACE OF DEATH				2.	USUAL RESIDENCE	Where decease	d lived. If instituti	on: Resident	te before odm	rision)
	Balt	imore		MARYLI	UND	o. STATE Mary	land	6. COUNTY	Balti	Lmore	
	b. CITY OR TOWN (I RURAL and give no Dund	f outside corporate limi orest town) ALK	ls, write	c. LENGTH OF STAY IN	(1b	c CITY OR TOWN (URAL and g	give nearest to	wn)
Г	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d STREET ADDRESS					ESIDENCE
	žių či	eveland A	lven	ue		214 (and Ave	nue		A FARM?
3.	NAME OF DECEASED (Type or print)	PE/		LEE		SOWARDS	4. DAYE OF DEATH		pril		1959
5.	SEX	6. COLOR OR RACE	7 MARE	RIED NEVER MARRIED	□ B C	ATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER	I YEAR IF UN	DER 24 HRS
L	female	white	WIDOW	ED A DIVORCED		ept.22,18	381	77 yrs.	Months	Doys Hou	s Min
100	USUAL OCCUPATION during most of work	N (Give kind of work in ing life, even if retired	ione 10b.	KIND OF BUSINESS OR	INDUSTRY	11 BIRTHPLACE (Se	ale or foreign o	country)		ZEN OF WH	AT COUNTR
L	Housewi					West V:	irgini	a	Ţ	JSA	
13.	FATHER'S NAME				1	4 MOTHER'S MAIDE	N NAME				-
L		nown					known				
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17. INFO			Add			
r	10			none	Daı	na Soware	ds	same as	#2		
Г			use per li	ne for (a). (b), and (c)]		, -	=		o .	INTERVAL ONSET AN	
	PART I. DEA	TH WAS CAUSED BY- IMMEDIATE CAUSE (o	(0)	rel320-10	A CA	Mar- 4	ica	dont	2		v- CA
	33/X	DUE TO		•							
	Conditions, if or	183									
	gove rise to it couse (a), stating	nmediate (
	lying couse last.]								
ĮŠ	PART II. OTH	ER SIGNIFICANT CON	DITIONS (ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GIV	EN IN PART	1(a) 19 WA	S AUTOPSY
₹	Frac	Lynced	M	1746, 21	(1	retur	ly			YES [
MEDICAL CERTIFICATION	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DE5	CRIBE HOW, MJURY OĆO	URRED (I	inter nature of injury	in Port I or Por	rt II of item 18.)			
₹		Y Month, Doy, Yes		,	De PLACE	OF INJURY (Home, fo	orm, 20f (Cit	y or town)	{C	ounty)	(State)
l S	Hour a.m.	19	While of wor	k ot while	raciory	, street, office bldg ,	erc.)				
	21 I cortify th	at I attended the	decens	ed from 6 2/20	· 2/1.0	7.19 to	S 472	7 10.5	- AS-21 1	ast saw th	
	alive an	61121	19.	you man		curred at / 🖧	XPM son		/		
	diffe direction	11	ned 1 (2)m/	, ond more	edin oc	corred di A		ifreet, city or town,		ie doie 210	DATE SIGNI
	ACTUAL SIGNATURE	79 11 11	85	4-6-4-672	M.D	3 K	inship	•	· · · · · · · · · · · · · · · · · · ·		
	PHYSICIAN'S W	.Herbert	Mor	rison, M. D.		Bal	timore	22,Mar	yland	d	
220	BURIAL CREMATIO	N, 226. DATE THEREC	F	22c. NAME OF CEMET				TION (City, town,			ole)
L	Burial	4/11/59	?	Belair Me	mor:	Lal Garde	ens	BelAir,	Maryl	land	
23.	EUNERAL DIRECTOR	S SIGNATURE		ADDIESS		24o. Ri	EC'D BY REGIS		STRAR'S SIG		
	Nalter	Drootset	rak	Dunde	alk :	22, Md DATE	APR 1 4 '5	59	Then A.	Thated	

may be retained the haspital or attending physician.

TO FUNERAL DIF DR. After this certificate has been signed by the attending physician and completely filled in by funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar priar to burial, crematian, ar remayal, and in any event within 72 hours after death. In Ony

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR VS A15 (4) 15M 9/S5



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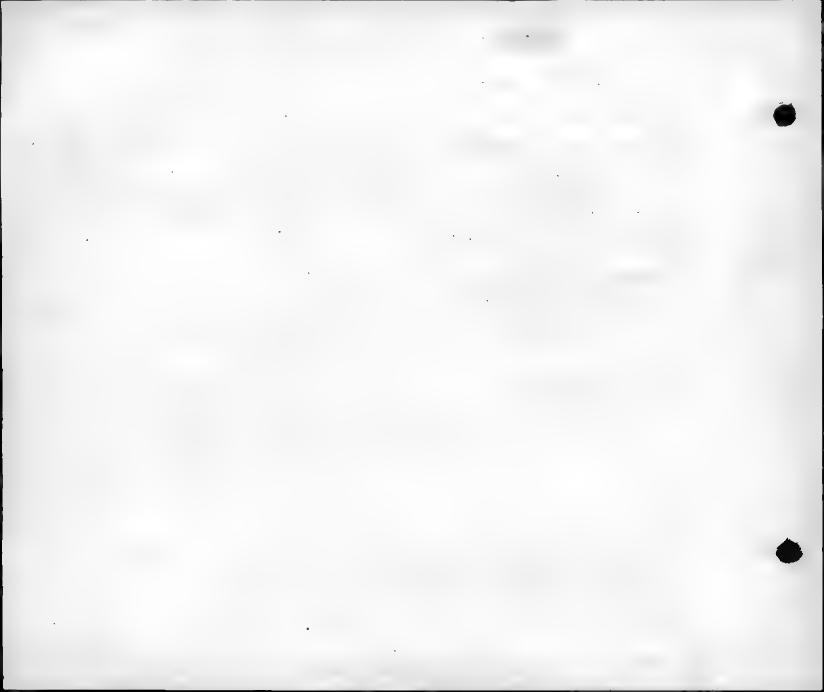
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4083

CERTIFICATE OF DEATH

	-0	40	1	U
Reg.	Dist.	No.		

Л	D PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
	Pattimore MARYLAND	o. STATE MAC 6 COUNTY					
	b C TY OR TOWN (if outside corporate limits, write c LENGTH OF STAY IN 1b RURAL and give negrest town)	c CITOR TOWN (If outside corporate timits write RURAL and give nearest town)					
	Catinsville	Haltemore_					
	d. NAME OF HOSPITAL (If not in hospital, give sheet address) ON INSTITUTION	/ d. STREET ADDRESS e IS RESIDENCE					
	House in times 3500 Woodwood Road VES NO						
	3. NAME OF First Middle	Last 4. DATE Manth Day Year					
	(Type or print)	PERBER DEATH 4- 73-1959					
	S SEX 6. COLOPIOR PACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HIS					
	male white WIDOWED DIVORCED	4-17-1898 Inst birthday) Months Days Haurs Min					
	10a. USUAL OCCUPATION (Give kind of work done 10b/XIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stage or foreign country) 12 CITIZEN OF WHAT COUNTRY?					
	Jalesman Hereby	austria WSH					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Harry Sherber	Kifka-					
	15. WAS DECEASED VER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes, give wor or dates of service)	NFORMANY Address					
	084-14-8021 /	lat liberstein - tame					
/	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]	INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CANCER O	F LUNG ONSET AND DEATH					
	DUE TO						
	Conditions, if any, which) (b)						
	gove rise to immediate DUE TO						
	lying cause lost. (c)						
	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?					
		YES NO NO					
	I ≈ TOR CONTRIBUTING IT CAUSE OF DEATH I	D. (Enter nature of injury in Part I or Part II of item 18)					
		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctary, street, office bldg., etc.)					
	Mour a.m. While Not while p. m. 19 at wark at wark						
	21. I certify that I attended the deceased from. 2-11	2 , 1955, to 4 - 23, 1954, that I last saw the deceased					
	alive on 4-21, 1959, and that death	accurred at 3.30 A.M. from the causes and an the date stated above.					
	DO DE 1 PD	ADDRESS (Street, city or town, state) DATE SIGNED					
	SIGNATURE (1) Slanley (ofth	M.D. 7306 Liberty Rd Bullo 7md					
	PHYSICIAN'S B STANLEY COHEN	4-23-59					
	NAME (Type) / JANKE CARE						
	220. BYR AL, CREMATION, 726 DATE THEREOF 27 NAME OF CEMETERY O	OR CREMATORY 22d JOCATION (City, town, or county) (State)					
	Mural 7- 46-17 Mosenhays	4 Hebrew Rosenhaym A. J.					
	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE					
	Teles spire The 2100 Chan Ila	DATE APR 2 4 59 Onthey & House					
	· · · · · · · · · · · · · · · · · · ·						



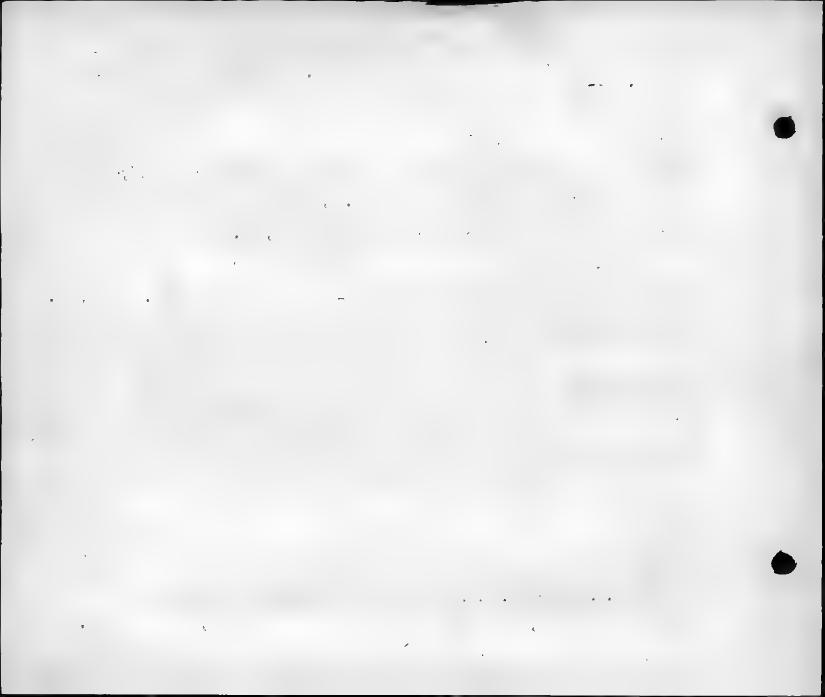
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4084 **CERTIFICATE OF DEATH** 04071 Reg. Dist. No.

o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neggest town) LOTYSOIL	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Arm
d. NAME OF HOSPITAL (If no! in hospital, give street oddress) OS INSTITUTION Presbyterian Home of Maryland	d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES \(\begin{array}{c} NO \(\begin{array}{c} \end{array} \end{array} \)
(1) be or bring	PANDIFORD 4. DATE Month Doy Yeor OF DEATH APRIL 20, 19 59
female white widowed M DIVORCED	B DATE OF SIRTH P. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Opt 2, 1870 P. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher	STRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY: Glen Arm, Md.
13. FATHER'S NAME Richard C. Francis	14. MOTHER'S MAIDEN NAME Eleanor Stover
	NORMANT Address Address Prrsbyterian Home of Md. Toswon, Md.
by of DUE TO	ROTIC CARDIO WAS CLAR DE VEREN
Couse (o), stating the <u>under-lying couse lost.</u> Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 3
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED How o. 51. While Not while for	O. (Enter nature of injury in Part I or Part II of item 1B.) ACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) fory, street, office bldg., etc.)
21. I certify that I attended the deceased from 1/2 N/ alive on BARIS 16 , 12 5 2 , and that death	occurred at 1594 M, from the causes and on the date stated abave ADDRESS (Street, city or town, state) 7215 York Road 2/20/59
PHYSICIAN'S NAME (Type) S.J. Venable. Jr. M.D.	Baltimore 12, Maryland
226. Burial, Cremation, 226. Date thereof Buffact (Specify) April 23, 1959 Waugh Chapel	
23. FUNERAL DIRECTOR'S SIGNATURE John O. Mitchell & Sons Ino. 1900 Eutaw	Place 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATAPR 27 '59 Cullus & Kous



FOR STATE
HEALTH DEPT

or, Please or, Page of Hegith, **'**0 TO DEPUTY MEDICAL THE MILER: This certif cote should be executed within 21 hours ofter death. If ony delay is necessare the certife, writing the word "pending" is pendi is them 18. Give Pages 1, 2, and 3 to the funeral databound be for seed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relatined for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, at removal, and in any eventythin 72 hours after death.

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VS. A15ME 5M 2 57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04072 4085 Item 9 Film 241'S CERTIFICATE OF DEATH Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY Sparrowspoint Balto county MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE Maryland b. COUNTY Balto
	b. CITY OR TOWN (if authode tarporate liners, write BURA) c. LENGTH OF STAY IN 16 and give represent town) Baltimore Life	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 2 V 2 2 4
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Sparrowspint hospital	d STREET ADDRESS 3103 Brightonst # 16 on a Farway yes no DE
	3. NAME OF DECEASED (Type or print) Widdle	Stanley 4. Date Month Doy Year Of Death April 20 1959
	5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. MBle Colored WIDOWED DIVORCED 1.	DATE OF SIRTH 9 AGE (In years IF UNDER IVEAR IF UNDER 24 HRS on Syriphon) 8 TCh 16-1909 9 AGE (In years IF UNDER IVEAR IF UNDER 24 HRS Min Months Days Haurs Min
	10a. USLAL OCCUPATION (Give kind of wark done during most of working tile, even if retired) Beth Steel	
	13. FATHER'S NAME Asbury Stanley	14. MOTHER'S MAIDEN NAME Martha Clark
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 IN [17 yes, give wor or delet of service]	Martha Stanley Cambridge Md.
V	18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) CHUShING IN CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED IN THE TERMINAL DISEASE CONDITION GIVEN
	PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 200. EXTENDED CAUSE WAS PRIMARY A CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of Injury in Port I or Port II of Item 18) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (Sold) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (Sold) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (Sold) 20c TIME OF INJURY (Home, form, 20f (City or town) (Caush)) (Sold) 40 While Not while factory 105 Cal Baltimore # 19 DALTU. Md. 21. I certify that I took charge of the remains described above, held an Autapsy , Inspection Inquiry and in my apinion death resulted from: Natural causes , Accident . Suicide , Hamicide , Undetermined manner .	
	EXAMINER'S M.B. DAVIS M.D.	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D
	270 BURIAL, CREMATION 276. DATE THEREOF 27c NAME OF CEMETERY OR 12c NAME OF CEMETERY OR	(4.00)
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	CAPE 2 2 59 200 RAPE 2 2 59



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained the hospital or ottending physician.

TO FUNERAL DIS DR. After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the registrar prior to buriol, cremation, or removal, and in ony event within 72 hours ofter death.

VS A15 (4) 15M 9/55 0

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(M ×
72 hours offer death.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4086 CERTIFICATE OF DEATH

()4073 Reg. Dist. No

1. PLACE OF DEATH COUNTY Baltimore County MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md.
b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN Tb	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town) Catonsville	Catonsville
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	/ d STREET ADDRESS e. IS RESIDENCE
430 Ingleside Ave.	430 Ingleside Ave.
3. NAME OF First Middle DECEASED	Last 4. DATE Manth Day Year
(Type or print) GEURGE B. STANSBURY	обель Арг11 4.1959 19
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF SIRTH 9 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. NOV. 14.1870 8 birthday) Mooths Days Hours Min
100. USUAL OCCUPATION (Give kind of work done 106 KIND OF 8USINESS OR INDU- during most of working life, even if refired)	
Snipping Clerk, retired 18 years	Baltimore County Md. USA
John Standbury 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Lucinda Harris
IVer 60 or uninduce) . If was many one or delet of secures	rgaret Gartner. 430 Ingleside Ave.
18. CAUSE OF DEATH [Enter only one cause per liperfor (a), (b), and (c).]	M O ' O INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY	ONSET AND DEATH
A 6 0 X IMMEDIATE CAUSE (o)	O Theren
Conditions if any which ? / RN Sile Lynd	Cardinanula Heart Dream Them
gave rise to immediate couse (a), stating the under	= 20 00 7
lying couse lost.	3 Millies geon
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110/ 19: WAS AUTOPSY PERFORMED?
	YES NO
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of Item 3B.)
	IACE OF INJURY (Home, form, 20f (City or town) (County) (State) sclory, street, office bldg , etc.)
Hour s.m. While Not while st work st work st	A DAI
21. I certify that I attended the deceased from	1 1944, to TRY 4 195 That I last saw the deceased
alive an March 28, 19-9, and that death	h accurred at 12 MM, from the causes and on the date stated above.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ADDRESS (Street: Tity or town, storet) DATE SIGNED
SIGNATURE OCCUSA A YEARY	MO. 7025/2020/ FOR 4-63
PHYSICIAN'S NAME (Type) William L. Fearing	3025 Belair Road
270. SURIAL, CREMATION, 276. DATE THEREOF 22C. NAME OF CEMETERY C	
Burial Apr. 7, 1959 Parkwood (Cemetery Baltimore Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WENDY CANDED A GOLG THE DOLLARS	24- BECID BY DECICTORD 245 DECICTORD'S CICKLATINE
HENRY SANDER & SONS. INC. Baltimor	e Md. DATEAPR 8 '59 arthur S. Thomas



		_	J	
HOSPITAL OR ATTENDING PHYSICEN: The low requires that the death certificate be executed within 24 hours of a soft. Page 4	,	FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely filled in by the third director.	oge 3 should be detached for use as the buriol-transit permit. Then please remove carbon paper Tages 1 and 2 sh 🖿 be filled with	(
901		Pero	Pe Pe	
rs of		Dy ta	12 sh	
M hou		in ba	J ond	,
Ithin 2		ly felle	190	
aled w		mplete	person	7.0
exec(on puc	od nov	r death
tote be		icion (e corb	rs ofte
certific		g phys	remov	72 hou
deoth		Hendin	pleose	vithin
of the		the of	Then	event v
ires th		ned by	ermit.	n ony
requ	cion.	en sigi	onsit p	ond is
The lov	physi	hos be	riol-tre	movol.
Ä	ending	ficote	the bu	or re
HYSIC	or off	is certi	use os	nation
ING P	ospitol	fter th	ed for	ol, crei
JENO	he h	× 4	eroche	o buric
OR A	noy be retained to be haspital or attending physician.	OIRE(d be d	prior to
PITAL	retoi	RAL	shoul	istror
200	noy be	FUNE	oge 3	he reg

VS A15 (4) 15M 10/57

	4087	CERTIFIC	ATE OF DEATH	I-BALIIMOKE,	() 4 () 7 4 Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	II a STATE	L COUNTY	ion: Residence before admission)
RURAL and give n	Towson		Towson	utside corporate límits, write f	RURAL and give nearest town)
d name of hospit or institution	AL (If not in hospital, give stro 18 Dixie Dri	eel oddress) .VO	d STREET ADDRESS/ 18 Dixie Dr.	ive #4	e Is residence on a farm? yes \(\) no \(\)
3 NAME OF DECEASED (Type or print)	KATHRYN	Middle W.	STEADMAN	4. DATE Mor	- 6
Female	White woo	ARRIED NEVER MARRIED DWED DIVORCED	Jan. 20, 189		Months Doys Hours Min.
Housewife 13. FATHER'S NAME	king life, even if retired)	06 KIND OF BUSINESS OR IND	Baltimore 14. MOTHER'S MAIDEN N	, Maryland	17 CITIZEN OF WHAT COUNTI
			Sarah Jane INFORMANT Ar. Richard L.	Add	Dixie Drive #h
	mmediate (r line for (o), (b), and (c) }	adial of	nten	INTERVAL BETWEEN ONSET AND DEATH
ZOG ACCIDENT WA	renie il	ESCONTRIBUTING TO DEATH BUT THE TENTH OF THE HOW INJURY OCCURRENCE HOW INJURY OCCURRENCE TO THE TENTH OF THE			VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Year 200 Wh		PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.	20f (City or lawn)	(County) (Stote
actual signature (of lattended the dece 2 15		th accurred at 845 Z		5, that I last saw the decease and an the date stated about state) PATE SIGN PATE LA
REMOVAL (Specify) Burial	1 4/30/59	20c. NAME OF CEMETERY Loudon Pari	K Cemetery	22d. LOCATION (City, town, Baltimore, Ma	ryland
2). FUNERAL DIRECTOR	choner Hon	s-Balto-17	nd DATE AP		STRAR'S SIGNATURE

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nor y

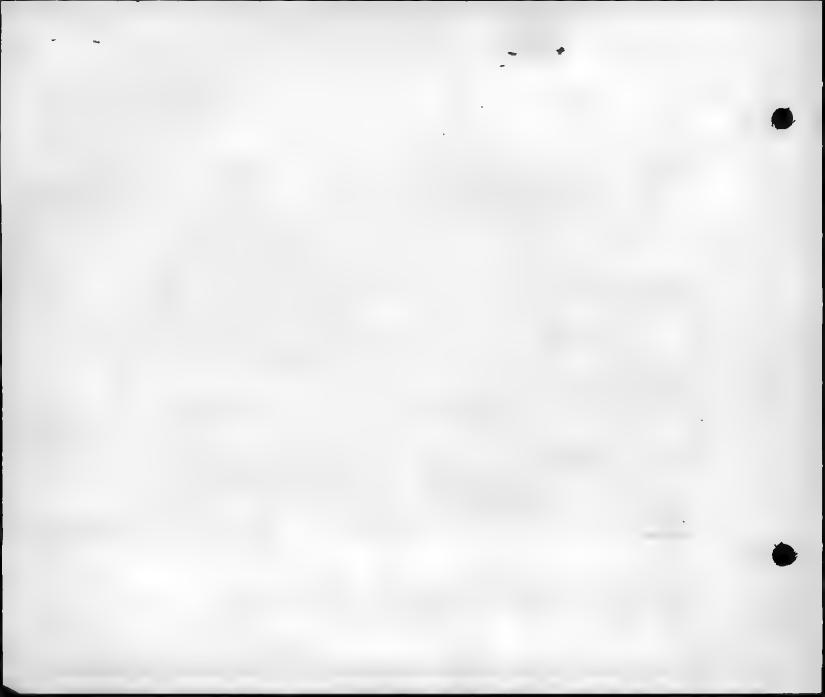
CERTIFICATE OF DEATH Rea. Dist. No. filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY H b. COUNT MARYLAND 0 b. CITY OR TOWN (If outside comparete limits, write RURAL/and give nearest town) و c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) should tous MOL d_NAME OF HOSPITAL (If not in hospital d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 54 0 Jecong ÆL YES NO D pup 2. NAME OF 4. DATE OF DEATH Year Doy filled DECEASED (Type or print) 1959 S. SEX. Pleter. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lday) Months Days Hours WIDOWED I DIVORCED [ż yes 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fereign country) during most of working life even if retired) 12. CITIZEN OF WHAT COUNTRY? pub 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (If yes, give wor or dates of service) NO ottending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), oed (c).] INTERVAL RETWEEN ONSEY AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (of **DUE TO** à permit. Conditions, if ony, which been signed gove rise to immediate DUE TO cause (a), stating the underremoval, and lying couse lost, **burial-transit** PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPS PERFORMED? YES 🖂 NO M 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Q. J1. While Not while at work of work p. m. 21. I certify that I attended the deceased from 7. that I last saw the deceased that death occurred at 11 p. M, from the causes and an the date stated above. ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE prior L DIRE should TO FUNERAL I PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE. ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'DIBN REGISTRATE archur S. Hrank **VS A15 (4)** DATE

hours

be executed within 24

requires that the death certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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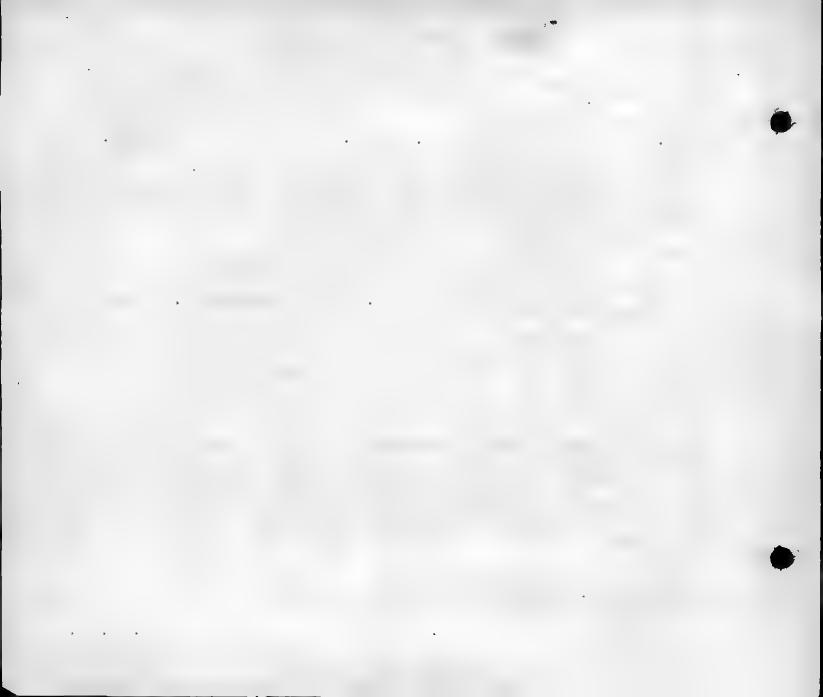
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ARYLAND STATE DEPARTMEN	OF HEALTH—BALTIMORE, 18
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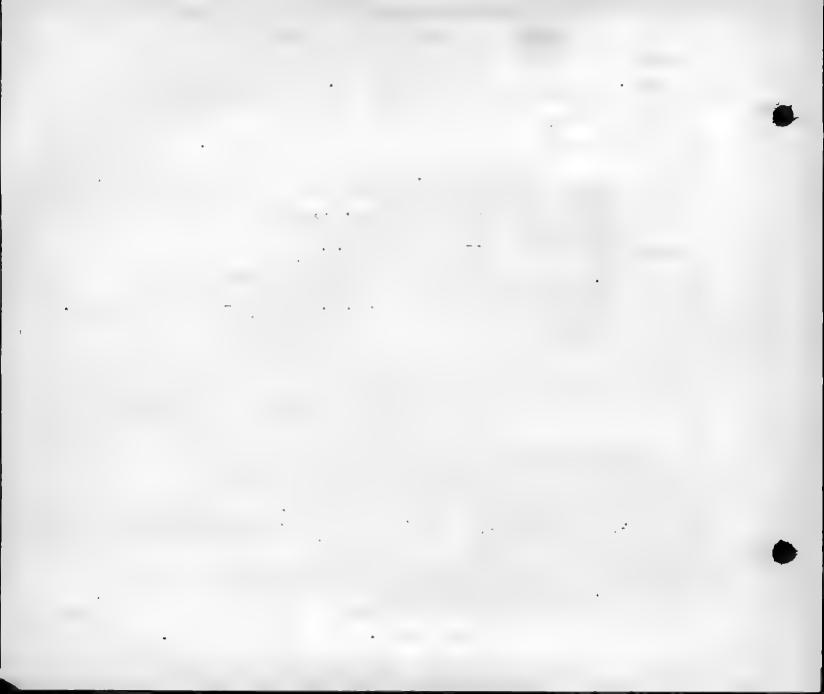
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	4083	CERTIF	-ICAIE	OF DEATE	1	Reg.	Dist. No.
PLACE OF DEATH COUNTY	Bal timore	MARYL	AND 2. USU	AL RESIDENCE (WHITATE WE ARE)	ere deceased lived nd	All the state of the state of	lence before admission) Baltimore
b. CITY OR TOWN (If outside co RURAL and give nearest town) Bengies	•	c LENGTH OF STAY IN	N 1b c. C	Bengi		nits, write RURAL an	d give nearest town)
d NAME OF HOSPITAL (II not in or institution Rt. 14 Box 477		sland Rd.	/d. Rt.	TREET ADDRESS	177 Carro	ll Island	Rd. e. IS RESIDENCE ON A FARM? YES P NO
3. NAME OF DECEASED (Type or print) MOI	i e First	Middle	STOPCK S TO	27 Lost	4. DATE OF DEATH	Pyll	Day Year 9 1959
Female Whi	te wibowi		□ June		los	E (In years IF UND birthday) Manths	ER I YEAR IF UNDER 24 HRS. Doys Hours Min.
10c. USUAL OCCUPATION (Give ke during most of working life, ave HOUSEWILLE	nd of work done 10b. in if retired)	At Home	INDUSTRY 31.	BIRTHPLACE (Slove Germany	or fareign country)	12, 6	USA
13. FATHER'S NAME Unkno	wn Lubba		14. M	OTHER'S MAIDEN N	Unknown	Unknown	
15 WAS DECEASED EVER IN U. S. / [Yes, no or unknown) Ilf yes give we	ARMED FORCES? 16. If or doles of service)	SOCIAL SECURITY NO None	Mrs. Ma	м urgaret Wi	lkinson	Rt. 14 B	ox 477
18. CAUSE OF DEATH (Enter PART I. DEATH WAS CO		tonar	oc	cluse	on.		INTERVAL BETWEEN ONSET AND DEATH Sudden
Canditions, if any, which gave rise to immediate cause (a), stating the <u>underlying</u> cause last.	(c) (c)	teriose	levoti	c Card	is Vasi	siase	2 445
CATR		ONTRIBUTING TO DEAT	TH BUT NOT RE	ATED TO THE TERMI	nal diséase con	DITION GIVEN IN P	ART I(a) 19. WAS ALTOPSY PERFORMED? YES NO
		CRIBE HOW INJURY OC	CURRED (Enter	nature af injury in f	Part Lar Part II of i	tem 18)	
20c. TIME OF INJURY Month, Haur a.m. p. m.	Day, Year 20d. It 19 at wor	Not while	PLACE OF I factory, stre	NJURY (Home, farm et, affice bldg , etc.	20f (City or tov	rn)	(County) (State)
21. I certify that I atter alive on ACTUAL SIGNATURE MASS	ged the decease 19.	ed fram Jan 19, and that of	death accur	1957, to 0 ed at 235 Ball	M, from the porcess (Street, c	causes and an	l last saw the deceased the date stated above PATE SIGNEE 4/19/59
PHYSICIAN'S NAME (Type) M.	Baumgardhe	r					
220. BURIAL, CREMATION, 22b. DA REMOVAL (Specify) Rurial Apri	1 13 1959	22c. NAME OF CEMET	ERY OR CREMA	TORY	226 LOCATION (City town, or county n. Palto.	(State)
23. FUNERAL DIRECTOR'S SIGNATU	ral Home	ADDRESS 7401 6	Elasos	240 REC'E DATAPR	BY REGISTRAR 1 3 '59	246 REGISTRAR'S	

VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4090 **CERTIFICATE OF DEATH** Reg. Dist. No with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) o COUNTY filed : o. STATE b. COUNTY MARYLAND Balto. Md b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Catonsville Baltimore d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM? 516 Old Orchard Rd. CV YES NO Shady Nook Home NAME OF First Middle DATE Month Year DECEASED OF DEATH NELLIE M. STRAUSS (Type or print) 19 59 April 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH AGE (In years last birthday) Months Days Min. Hours female white WIDOWED I DIVORCED [7] 82 Nov. 16. yes 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Christian H. Hoffrogge Mary Louise Dil 15 WAS DECEASED EVER IN U. S ARMED FORCES? 116. SOCIAL SECURITY NO 17 INFORMANT Address Mr. C. H. Hoffrogge - 516 Old Orchard Rd. #29 offending none 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I DEATH WAS CAUSED BY DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stating the underlying couse lost **burial-transit** PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? C2 YES NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) Hour a.m While Not while ot work at work p. m 1952, that I lost saw the deceased 21. I certify that I ottended the deceased from ____ ___, and that death occurred at LOLOA-M, from the causes and on the date stated above. ADDRESS (Street, City or town, stole) DATE SIGNED ACTUAL SIGNATUR PHYSICIAIN'S NAME (Type) 220 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Entombment *Lorraine Maus Woodlawn FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE APR 2 2 '59 15M 10/57



berfiled with may be retained the hospital ar affending physician. TO FUNERAL DIR 1. Affer this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remove carban pagers—Pages 1 and 2 should the registrar priar to burial, cremation, or removal, and in any event within 72 hours after death.

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR

VS A15 (4) 1SM 10/57

eath Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

4091

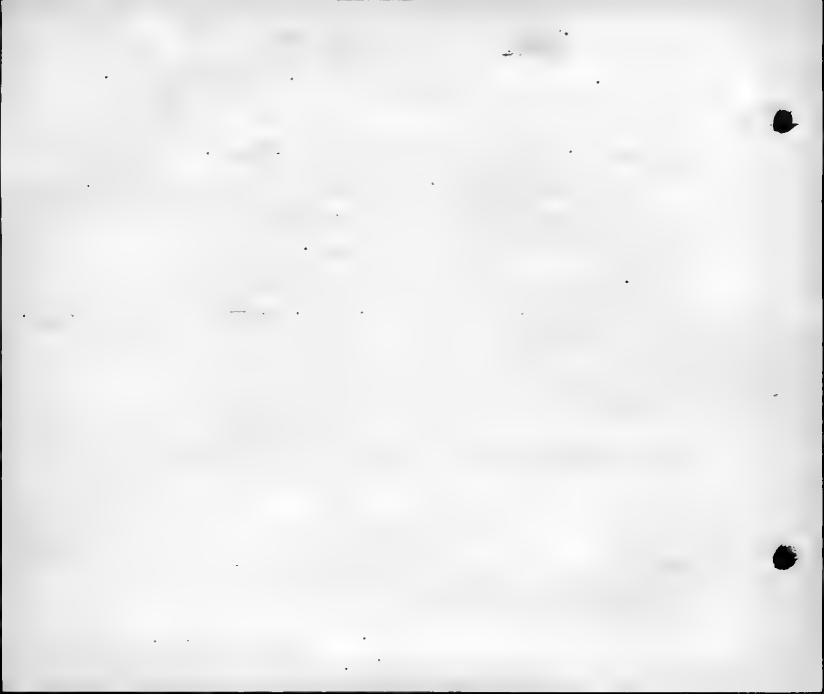
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Reg. Dist. No.

Baltimore	MARYLAND	o STATE Mary		COUNTY	oce before odmi timore	ssion)
b CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16			nits, write RURAL and		en)
RURAL and give nearest town)			Forge (B		Acc meaness re-	···j
d. NAME OF HOSPITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS	10160 (2	2200, 20,	e. IS RE	SIDENCE
Towson Convalescent Home		112 Hopkin	e Rood		ON	A FARM?
3. NAME OF First	Middle		4 DATE		-	
DECEASED (Type or print) ROBERT HARDAWA		Last	OF DEATH	April 2	6,1959	Year
5. SEX 6. COLOR OR RACE 7 MARR	IED NEVER MARRIED	B DATE OF BIRTH		E (In years IF UNDER	YEAR IF UNE	
Male White WIDOWE	" Land	July 31,1891	111	birthyloy) Months	Doys Hours	Min
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stot	le or foreign country)	12 CII	TIZEN OF WHA	T COUNTRY?
Salesman-retired M	achinery Mfg.C	Co. Georgie			USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
Robert H. Strickland		Martha Ha	rdaway			
IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	NFORMANT		Address		
Yes, no. or briknown) (If yes, give vepe or date of service)	E	Starr Coale	. 112 Hop	kins Rd	Balto.1	2.Md.
18 CAUSE OF DEATH [Enter only one couse per lin		7	7,		INTERVAL E	
PART I, DEATH WAS CAUSED BY	13 11 101	· frian	_		ONSET AN	DEATH
IMMEDIATE CAUSE (o)	ASELMO TV	~ our	7		13.	7747
		/				
Conditions, if ony, which (b) (b)						
couse (o), stoting the under-						
lying couse lost.) (c)						
PART II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN PAR	RT I(o) 19 WAS	ORMED?
3 Julnismay conglego	ema, Cl	Visus Hr	en		YES [NO 🖽
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	n Port I or Port II of i	item 18.)		
	UURY OCCURRED 20e PL	ACE OF INJURY (Home, for	m, 20f. (City or tov	rn] [County)	(Stole)
Hour o.m. 19 While of work	PROF WILLIE	ctory, street, office bldg., e	tc.)			
	\$ / i.a	1054.	2011/21	10 83		
21. I certify that I attended the decease	76	, 19 <u></u> , to	10.	_, 19,that I		
olive on affine 20, 199	and that death	occurred of 4,24	M, from the	causes and on t		
ACTUAL MADE DAYS	8000	11-5	ADDRESS (Street, c	or lown, store	14.10	ATE SIGNED
SIGNATURE /// MANAMAN	C. Karag	MD	2522	SUIDA	660/8	
PHYSICIAN'S MEWLANDE	.DAY M	D			7	195°
220 BURIAL CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or county)	(Sto	ite)
Burial April 29.1959	Loudon Fark	Cemetery	Daltimor	e, Marylan		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC	D BY REGISTRAR	24b. REGISTRAR'S SH		
John Burns' Sons. Towso	n. Md.	DATE N	1AY 4 '59	Onthin &	. Frank	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 4092 director, iled with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed If institution, Residence before admission) COUNTY be filled o STATE Balto. Md. 6. COUNTY Balto. MARYLAND 0 b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) phould RandalIstown Randallstown d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? , ev 22 Sheridan Rd. 22 Sheration Rd YES NO NAME OF First Middle 4. DATE lost Month Yeor DECEASED OF DEATH HARRY [Type or print] SUTER Apri] 19 59 S. SEX 6 COLOR OR RACE 9 AGE (In years lost birthday) 7 MARRIED T NEVER MARRIED T 8. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Months Hours Male white WIDOWED DE DIVORCED | Mar. 12.1878 81 yrs 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? DO during most of working life, even if retired) self emp gud Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rufus W. Suter Mary Beck 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Mr. John R. Suter 5602 Narcissus Ave. Balto. Spanish Am. none CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Camer. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), storing the underlying couse last burial-tronsit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 0 YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18) 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20d INJURY OCCURRED Day, Year 20f. (City or lown) (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m 1058 1957 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 900 ALM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATUR should FUNERAL I registror PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) the Burial 16/59 W odlawn, Cem Woodlawn Md 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE VS A1S (4) 15M 10/S7



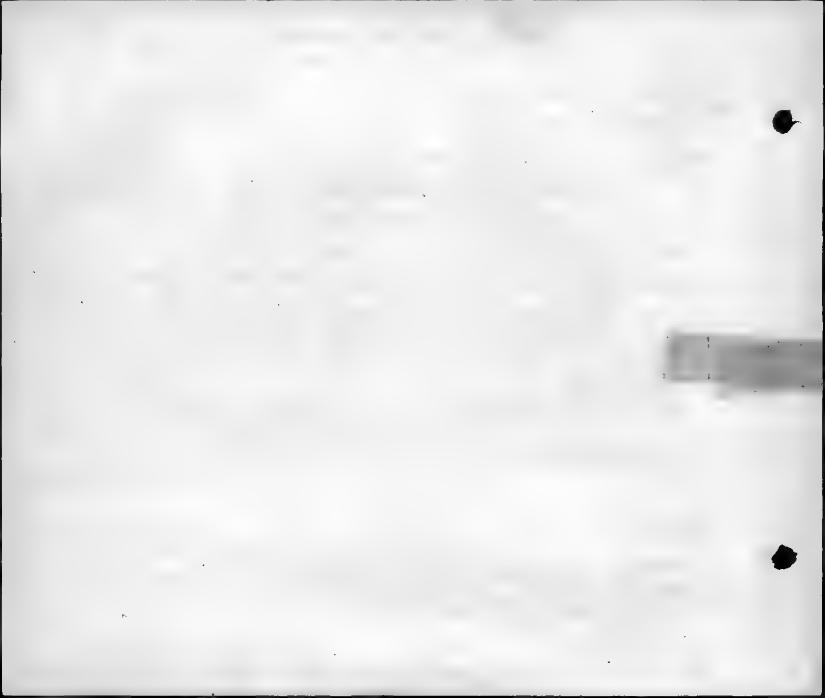
may be retained if the haspital ar attending physician. TO FUNERAL DIR, R: After this certificate has been signed by the attending physician and caprolately filled in by the physician page 3 shauld be detached far use as the burial-transit permit. Their please remove carbon pagers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. death: Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4093 CERTIFICATE OF DEATH

04080

L		CERTIFICA	CIE OF DEATH		Reg. Dist	. No.	
1	PLACE OF BEATH COUNTY PALLO	MARYLAND	2. USUAL RESIDENCE (Who		institution. Residence OUNTY	before admission	on)
	b CITY OR TOWN (If adustice corporate limits, write RURA), and give nearest fown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN IN CO.	etside-corporate limits.	write RURAL and giv	re nearest town)	
	d. NAME OF HOSPITAL till not in hospital, give street of OR INSTITUTION 226	ddressy	d. STREET ADDRESS	ough	54	e. IS RESI ON A YES	FARM?
3.	NAME OF DECEASED Type or print)	Starley:	Szczesz	4 DATE OF DEATH	Month	100	,59
5	Spale 6/color of race 7. MARRI WIDOWE	DIVORGÉD [COATE OF BIRTH	297 P AGE (1)	41.73	YEAR IF UNDER	Min
	A TOTAL COLUMN TO THE PARTY OF	CIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE State of	or foreign country)	12 CITIZ	EN OF WHAT	COUNTRY
	FATHER'S NAME 3/ 5%	CZESZEK	14. MOTHER'S MAIDEN N.	ME MA	RY	2	£7
15	at the or unknowns . If we wan may so date of second	OCIAL SECURITY NO 17. 11 2-09-5944 CU	citea 8.23	czeszek	Address 2011 80	ugh:	St.
27	18 CAUSE OF DEATH [Enter only one cause per lim PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e for (a), (b), and (c)	onary!	celius	ion.	INTERVAL BOTO	WEEN PEN
	Canditions, if any, which)	Kuitt	the In	njeko	ma-	On	Hic
	gave rise to immediate cause (a), stating the under- lying cause last. (c)	?	1				V
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CO					1(a) 19 WAS A PERFOR YES []	NO N
т.	' ' '	RIBE HOW INJURY OCCURRED		and the same of th	18.)		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN While at wark	_ Not while foc	CE OF INJURY (Hame, farm, lary, street, affice bldg., etc.)	20f. (City or town)	(Ca	unty)	(State)
	21. I certify that I attended the decease alive on		accurred at 12 12			st saw the c	
	ACTUAL SIGNATURE TO KE	wik of.		DORESS (Street, city of			TE SIGNED
	PHYSICIAN'S FRANK	T. KASIK	Vy	BALTO	014,	NIG	$\frac{1}{2}$
L	G. BURIAL, CREMATION, REMOVAL (Specify)	22c. NAME OF CEMETERY OF	CREMATORY ROSAU	22d. LOCATION (CITY	town, or county)	Mc/	1
23	. FUNERAL DIRECTOR'S SIGNATURE 1.mi. S. F CALKOUSKI 200	7 East Stru	CLUE DATE A	BY REGISTRAR 24 PR 2 0 '59	b. REGISTRAR'S SIGN		



OR STATE HEALTH DEPT. or files. Health,

X

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F

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any de oy is necessive execute the center of weighted word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral if a should be falled to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained if TO FUNERAL DIRECTOR: Page 3 should be used as a burjatificasit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremotian, fremotial, and in any event within 72 hours offer death.

VS. ATSME

5M 2757

Film 24MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04051

		ZagME	DICA	L EXAMINER'S	S CERTIF	FICAT	E OF DE	ATH	(기보 (Reg. Dist. No.	ioT
	PLACE OF DEATH	- X003-			To HELLAL DEC	MENCE ON	here deceased lived	If incl total		e adm stiget
	o. COUNTY	Baltimore		MARYSAND	o. STATE	Maryl		b. COUNTY	Baltimor	
-	CITY OR TOWN (I' o	utside corporate limits, with	rUPAs	c LENGTH OF STAY IN 16	c CITY OR	TOWN (IF	outside corporate l	mits, write RL	IRAL and give nea	rest town)
		ex (21)			1511	Essex				
			f not in hose	ortol, give street address)	d. STREET A					IS PES DEN E
	412 Bac	k River Ne	ck Rd		/	412 B	ack River	Neck	Rd. (21)	YES NO
	NAME OF DECEASED	Fie	at	Middle	Lost	-	4. DATE OF	Month	Day	Year
	(Type or print)	EDW	ARD		TATU	M		pril	7.	19 59
5. :	SEX	6 COLOR OR RACE	7. MARRIE	D NEVER MARRIED 🔲 B	DATE OF BIRTH		9 AGE	(In years If	UNDER TYEAR IF	UNDER 24 HRS
	Male	White	WIDOWED		July 15	7	7 51	yrs.		tours Min.
10c	during most of working Guard	N (Give kind of work - life, even if refired)		ind of ausiness or indust stactive Agenc		rylan	or foreigh country).		12. CITIZEN OF V	WHAT COUNTRY?
13.	FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME			
	Thomas '	ratum .			Flore	nce	Burnes			
15.	WAS DECEASED EVEL		RCES? 16. !	OCIAL SECURITY NO. 17 H	NFORMANT	1200	24 H09	Address		
	No or unknown)	If yes, give war or dates of	service)	3-05-0598	Bertha	Mada	Com			
-		. fe			Del. cus	Taremi	Same		Taka	L PERWEEN
	18 CAUSE OF DEATH	E LENTER DRITY OF COL							GINSET A	AND DEATH
	12 2 2 1	MMEDIATE CAUSE (6)	Seco	and third	degree b	urns		-		
	11 2,0	1094	x							
	Conditions, if an		Carb	on Monoxide P	oisening					
	gave rise to immedi (a), staling the u									
	couse lost.) (c)								
CERTIFICATION	PART II, OTHE	R SIGNIFICANT CON	DITIONS CO	MTRIBUTING TO DEATH BUT I	OT RELATED TO	THE TERMIN	NAL DISEASE CONC	ITION GIVEN		WAS AUTOPSY PERFORMED? S NO IX
FIG	20a EXTERNAL CAUS	E WAS 20	b. DESCRIBE	HOW INJURY OCCURRED (I	nier noture of in	ivry in Port	Lar Fort II of item	18)		
3	PRIMARY or CON	TRIBUTING []	_	ing of home				,		
	20c TIME OF INJURY	Month, Doy, Yes		VIURY OCCURRED 200 PLA	CE OF INITION OF	Jone Form	206 (City or Jan	n)	(County)	(Stote)
MEDICAL	Hour o m	1 /	While	Not while -1 foot	ory, street, office		1 1	•		` `
×	MANA	4/7 195	19 at wor	t at work	ноте		Esse	X	Balto	Md.
	21 I certify the	at I took charge	of the r	emains described abo	ive, held an	Autopsy	Inspect	ion 🔼 .	Inquiry [],	and in my
	apinian death r	esylled fram: I	Natural c	auses 🔲, Accident	XI, Suicide	е 🔲 , н	lamicide 🔲,	Undetern	nined manner	
	1.	1 [/						
	ACTUAL SIGNATURE	Ille Us	TI I X		M.D. CHIEF M	EDICAL EXA	AMINER 🔲		E	DATE SIGNED
	alongtone geo-		10004	1		NT MEDICA	L EXAMINER		h/'	7/59
	EXAMINER'S NAME (Type)			•			XAMINER []			.,,,,
77	BURIAL CREMATION	1 226 DATE THERE	of T	22 NAME OF CEMETERY OR	_		22d LOCATION (C	ily lown or	Epuniy)	(State)
	BUT ST Cofy)	4/10/59		Loudon Park			Balto.,		//	11
23	FUNETAL DIRECTOR		73 17	ADDRESS		240, REC'D	DY REGISTRAR		AR'S SIGNATURE	
	america.	1 West	15-13-6			DATEAP	3 9 '59			
1	COMOD DIGE		- I E CL	tern Ave.		DATE	- 00	Link	m & #	

arthur & thousa-



death. Page eral directo I PLACE OF DEATH COUNTBALLImore Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give negrest town) Towson pluous d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS 22 Convalescent Home 407 Alabama Rd. hours 9 4. DATE OF DEATH NAME OF Middle Winfield filled DECEASED Taylor (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8 DATE OF BIRTH Male White WIDOWED 10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) during most of working life, even it retired)
Farmer Farming New York puo 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME physicion John D. Taylor Bertha E. Kreidler requires that the death certificate IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Address Yes 100-30-2109Leland D. Taylor 407 Alabama Rd. Towson 4 72 offending please 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO ۵ METASTASES Ë OUY Conditions, if any, which **(b)** has been signed gave rise to immediate DUE TO cause (a), stating the under-MINOMA lying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 65 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH 20c TIME OF INJURY PLACE OF INJURY (Home, farm, 120f. (City or town) 20d INJURY OCCURRED factory, street, office bldg., etc.) Hour a m While Not while al work at work 5.7. that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 2.50 P. M. from the causes and on the date stated above. alive on detoch ACTUAL SIGNATURE should ā noy be retail PHYSICIAN'S 10050N 8 M2 he registror Somerville, M.D. Donald L. NAME (Type) ന 22c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 22d, LOCATION (City, lown, or country) REMOVAL (Specify) Arkport Cem Hornell, Steuben, 0 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Cook-Towson, Inc. 1050 York Rd. Towson DATE APR 1 4 '59 VS A15 (4) 15M 9/SS Cirthun & Krous

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item 4, Film G241 CERTIFICATE OF DEATH 04082 Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARMS Month Day Year April 19 59 IF UNDER I YEAR IF UNDER 24 HPS 9. AGE (In years los dirthday) Months

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED?

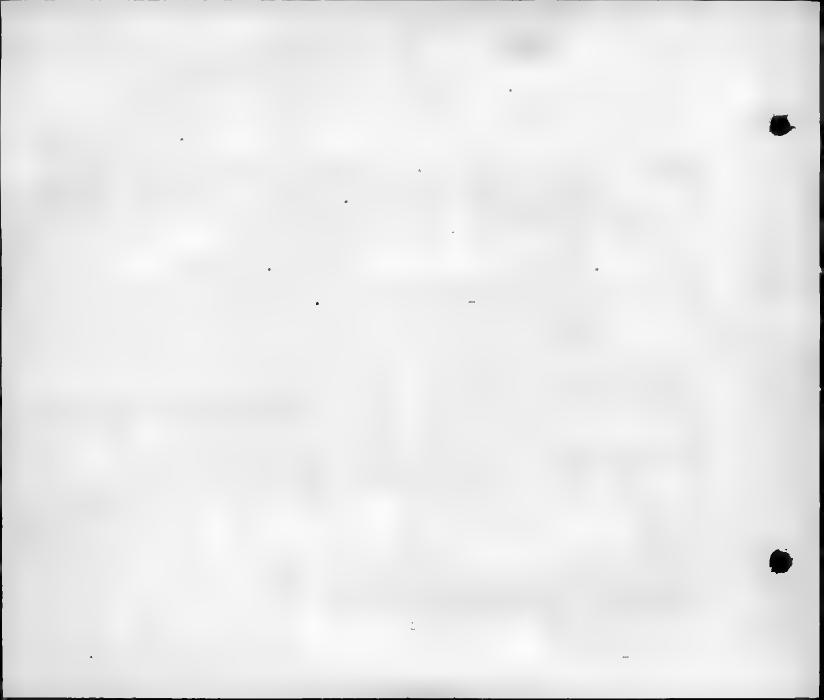
YES NO

New York

(State)

USA

(County)



old be filed with	The Manney of th
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4096 CERTIFICATE OF DEATH

04083

Reg. Dist. No.

Balto B. CITY OR TOWN If outside carporole limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside carporate limits, write RURAL and give necess) town) Balto 7 d NAME OF HOSSITAL (If not in hospital, give street address) 36.33 Eitemiller Rd 6. 36.33 Eitemiller Rd 6. 36.4 STREET ADDRESS 36.33 Eitemiller Rd 6. 36.4 STREET ADDRESS 36.5 Eitemiller Rd 7 DATE Morth PAPTIL 28 19. AGE (In years) Includes Include Introduction of Control of Paper 1 and Paper 1 and Paper 1 and Paper 2 and Paper 2 and Paper 2 and Paper 3	1					2.	USUAL RESIDENCE (WI	nere deceased live	d. If institution	Residence	befare admissi	ion)
RURAL and give necessal town) Balto: 7 d NAME OF HOSPITAL (If not in hospital, give street address) 3633 Eitemiller Rd. 3633 Eitemiller Rd. 3633 Eitemiller Rd. 3633 Eitemiller Rd. 3636 Eitemiller Rd. 3636 Eitemiller Rd. 3636 Eitemiller Rd. 3637 Eitemiller Rd. 3638 Eitemil	4	a COUNTY Ba	lto.		MARYLA	ND	a. STATE Md.		b. COUNTY	Balto	•	
Balto: 7 d NAME OF HOSPITAL (If not in hospital, give street address) 3633 Eitemiller Rd. 3636 Eitemiller Rd. 3636 Eitemiller Rd. 3636 Eitemiller Rd. 3637 Eitemiller Rd. 3638 Eitemiller		b. CITY OR TOWN (IF	autside corporale limit	s, write c. LEI	NGTH OF STAY IN	16	c CITY OR TOWN (If o	outside carporate	limits, write RUI	RAL ond give	neorest lawn	1
d. NAME OF HOSPITAL (If not in hospitol, give street address) 3633 Eitemiller Rd. 3. NAME OF BECEASED (Itype or print) 4. COLOR OR RACE 5. MARRIED 10. NOTER MARRIED 10. DOWN TERRY 11. DATE 10. OUSUAL OCCUPATION (Gives kind of work done string most of working life, even if rethred) 10. USUAL OCCUPATION (Gives kind of work done string most of working life, even if rethred) 10. LAST DECEASED EVER IN U. S. ARMED FORCES? 11. SATHER'S NAME 12. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c)] 16. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c)] 17. NAME OCCUPATION (Gives kind of work done) 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 19. AND THE STORM (Gives kind of work done) 19. MARDIALE STORM (Gives kind of work done) 19. MOTHER'S MAIDEN NAME 19. TO STORM (Gives kind of work done) 19. MAS DECEASED EVER IN U. S. ARMED FORCES? 10. S. A. 10. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c)] 11. MOTHER'S MAIDEN NAME 19. TO STORM (Gives kind of work done) 19. MARDIALE AUSE (a) 19. MOTHER'S MAIDEN NAME 19. MOTH			erest fown)					_				
OR INSTITUTION 3633 Eitemiller Rd. Terry Death Down Anna E. Terry Death April 28 19 59 5. Sex 6. Color or race Wind to Wind to		d NAME OF HOSPITA	L (If not in hospital, g	ive street address	1)		d. STREET ADDRESS				e. IS RES	IDENCE
3. NAME OF DEATH (Enter only one cause per line for (c), (b), and (c)] PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise it o immediate (d), tding the under (d), tding to mediate of tarnood (e), tding the under (d), t		OR INSTITUTION				- /	3633 Fite	miller	24.			
DECEASED (Type or print) ANNA E. TERRY DEATH APTIL 28 19 59 5. SEX 6. COLOR OR RACE Mite Widowed Divorced Coermant U. S. A. In Mother's Maiden Name Catherine Catherine Divorced Div	-				13.10	!		V				
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE [In years lost brithday) Months Days Hours Min.	41.	DECEASED				שממים		OF		eri T	28	1 0
Semale White WIDOWED DIVORCED Dec. 27, 1881, Tol. T	-				-							* *
Temale White Whowed Divorced Dec. 27, 1881; 71, yrs	3.	. SEA	6. COLOR OR RACE	·		(DATE OF BIRTH	9. A				
HOUSEWISE HOUSEWISE HOUSEWISE 14 MOTHER'S MANDE HENRY KONTAGI 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT NO. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) U. S. A. 14 MOTHER'S MAIDEN NAME Catherine Catherine Catherine Catherine Catherine Catherine ON. Frank R. Terry - 3633 Eitemiller Rd. INTERVAL BETWEEN ONSET AND DEATH ONSET AN						_ _						
Housewife 13. Father's NAME Henry Konradi 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT DO 18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY [MAMEDIATE CAUSE (a)] DUE TO Conditions, if any, which gave rise to immediate course (a), staling the under lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DO ACCIDENT WAS UNDERLYING DO 200. ACCIDENT WAS UNDERLYING DO 201. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 or Part	10	On USUAL OCCUPATION during most of works	N (Give kind of work d ng life, even if retired)	lane 10b. KIND (OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (State	ar fareign countr	γ)			COUNTRY
Henry Konradi Is Was decased ever in u. s. armed forces? Is was decased ever in u. s. armed forces? If yes, give were or dotes of serves! In O Mr. Frank R. Terry - 3633 Eitemiller Rd. In Cause Of Death (Enter only one cause per line for (a), (b), and (c)] Part I. Death was caused by Immediate cause (a), stating the underlying cause last. (b) Jay perfective Q - U Death Onset and Death Due to (c) Part II. Other significant conditions contributing to Death but not related to the terminal disease condition given in Part 1(a) 19. Was autopsy Performed? Yes No [] 200 Accident was underlying [] cause of Death (Fifther, Notify Medical examiner) One of the part II of item 18.)		Housewife					Germany			U.	S. A.	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (16, SOCIAL SECURITY NO. 17, INFORMANT Address TO Mr. Frank R. Terry = 3633 Eitemiller Rd. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSE BY IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate cause [ast]. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES OR CONTRIBUTING TO CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)	13	3. FATHER'S NAME				1	4. MOTHER'S MAIDEN N	NAME				
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18. CAUSE OF DEATH {Enter only one cause per line far (a), (b), and (c)] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YOUR YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO YES NO YES NO YES NO YES NO YES NO YES YES NO YES NO YES YES NO YES YES NO YES YE	15	S. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. SOCIA	L SECURITY NO.	17. INFO	RMANT		Addres	8		
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PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO Canditions, if any, which gave rise to immediate cause (a), staling the under-tying cause last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES OR ACCIDENT WAS UNDERLYING OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	F		H [Foter only one con		(a) (b) and (c) 1		7 2 20211	02.23	, 0, , , ,			TIACEENC
DUE TO Canditions, if any, which gave rise to immediate cause (a), staling the underlying cause last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO ON ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO ON ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTIN			•		(c) i		Then	reel.	- 2			
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Cause (a), staling the under- lying cause last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH			mediate (10	There	cu	une a		Goge	220		
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	ĝ	PART II. OTHE	R SIGNIFICANT CONE	DITIONS CONTRI	BUTING TO DEATH	BUT NO	T RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIVE	N IN PART 1(a) 19. WAS A	AUTOPSY RMED?
	₽											
	E	200 ACCIDENT WAS	UNDERLYING	206 DESCRIBE H	HOW INJURY OCC	URRED. (inter nature of injury in l	Part I ar Part II a	filem 18)			
3 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stoke)			MEDICAL EXAMINER)									
	ĮΣ	20c. TIME OF INJURY	Month, Day, Yea		OCCURRED 20	e. PLACE	OF INJURY (Home, form	, 20f. (City or to	gwn)	(Cou	nty)	(Stote)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 White Nat while of work of work of work of work of work	199	Hour a.m.	19		tat while	tactory	, Mreet, Office bidg., etc.	1				
Charles the second seco			. 1 - 11 - 1 - 1 - 1		().	16	54. 11	11- 05	4 6	7		
21. I certify that I attended the deceased from 744 25, 192 that I last saw the deceased		1. /2	ar arrended the	deceased tro	//		A> 1/2					
alive on		alive on	2	-, 192- <i>f</i> -,	and that de	eath oc						
ACTUAL DATES (Street, city or fown, store) DATE SIGNET		ACTUAL	Marin	0	11.0	2		ADUKESS (Street,	City or lawn, sh	77	A DA	ITE SIGNED
SIGNATURE THE MID. 33 W Way &		SIGNATURE	110 100	redj	mysee	7_M.D	<i>3</i> 2.3	30	115	7	14-	
PHYSICIAN'S M. P. + 73000 / //			MIV		1300		10					
NAME (Type) // flui // e / y			11/4	ru/	1246		<u> </u>					
220 BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, lawn, or county) (Storle)	22	BURIAL, CREMATION	, 22b. DATE THEREO	22c	NAME OF CEMETER	RY OF CI	REMATORY	22d. LOCATION	(City, tawn, ar	county)	(State	1
Burial 5/2/59 Western Cem Balto. Md.			5/2/59		Western (Cem	2	Balto	. Md.			
23 EUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR 246 REGISTRAR'S SIGNATURE	23	EUNERAL DIRECTOR'S	SIGNATURE	C 1 9/ A	DDRESS	14	240. REC'I	BY REGISTRAR	24b REGISTI			
Will. X. Vickerico + Sour- Walle DATE APR 3 0 39 Cirling S. France		Will. X.	Vionen	MY	sous-	W	CLL DATE AP	Wan ba	Circ	w1 &. 16	LAMA	
17/11/4.		J			7-	700	Ma					



CERTIFICATE OF DEATH

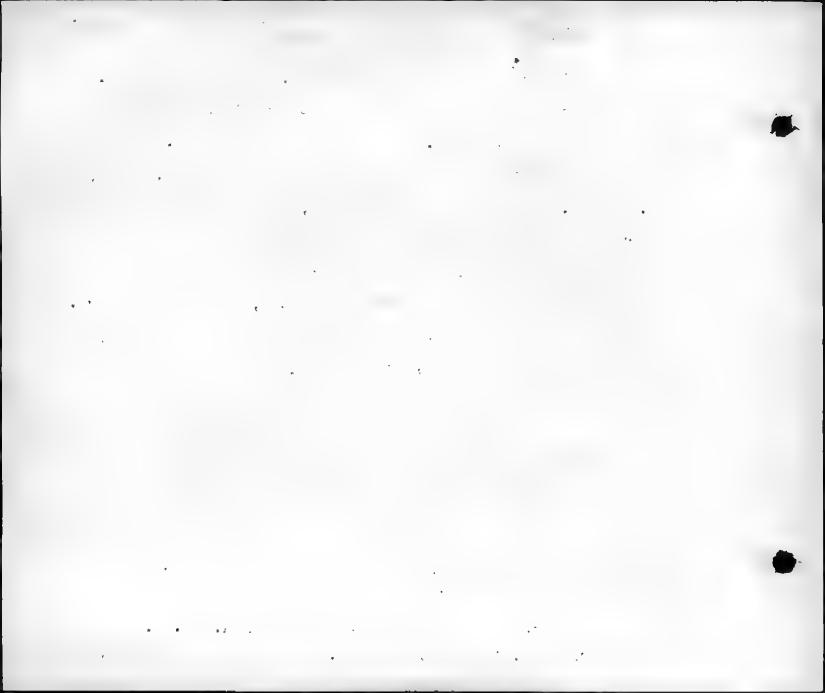
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				Reg. Dist. No	D.
1 PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (WI	here deceased lived. If ins		fore admission)
Baltimore	MARYLAND	Md.	b. COL	Balto.	
 CITY OR TOWN (If outside corporate simits, s RURAL and give nearest town) 	write c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF	outside corporate limits, w		eorest town)
Catonsvill	9	5 Cato	nsville		
d. NAME OF HOSPITAL (If not in haspital, give OR INSTITUTION	street oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
1002 Marks	worth Rd.	1002 Mar	ksworth Rd	i.	YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month D	Day Year
(Type or print) Katheri	ne T	hem		or. 21	. 19 59
	MARRIED NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In y	day) Months Days	R IF UNDER 24 HRS
F. W. w	IDOWED A DIVORCED	May 20,186	5 93	yrs Months Days	Hours Min
10a USUAL OCCUPATION (Give kind of work dan during most of working life, even if retired)	e 10b KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State	or foreign country)	12. CITIZEN C	F WHAT COUNTRY?
None	None	Hungar	'	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	IAME		
	Bermal	Unknow	779		
15 WAS DECEASEDEVER IN U.S. ARMED FORCES		NFORMANT		Address	
	Mr	s Mary Esze	s,1002 Mar	rksworth	Rd.
18. CAUSE OF DEATH [Enter only one cause	per line for (o), (b), and (c).]			IN.	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	Cardiovascula	r Disease-s	enile deg	eneration	1
4 DUE TO					
Conditions, if ony, which) (b)	Senilit	y-age 94.			
gove rise to immediate DUE TO					
lying cause lost. (c)					
PART II OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	Y G VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
CAT					YES NO 🖾
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part If of item 15	3 }	
		ACE OF INJURY (Home, form		(County	r) (Stote)
Hour o m.	While Not while of work of work	ctory, street, office bldg , etc			
21. I certify that I attended the de	ecented from 1957	10 to	nril 21 16	59 that I last sa	uu tha dacaaree
olive on April 1.1959		occurred at 10:3			
			ADD RESS (Street, city or t		DATE SIGNED
SIGNATURE VILLO	~ THOW	A CONTRACTOR OF THE CONTRACTOR	nondson Av	0	
W. 114 om D	Johnson /	M.D _ HADO JESAN	TOTHER VALLEY	9	
PHYSICIAN'S WILLIEUM Re d	OTHISOH				
220. BURIAL, CREMATION, 226. DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, to	own, or county)	(Stote)
REMOVAL (Specify) 4/24/59	Cedar Hil	_		.Md.	
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a REC		REGISTRAR'S SIGNATU	URE
Witzke Funeral Dir.	4101 Edmondson	AVO. DATE A	PR 2 3 '59	arthur & to	and Autom

death. Page 4 In by funeral director, and 2 shauld be filed with and completely filled in by **EFYSICIAN:** The law requires that the death certificate Le executed within 24 haurs Pages 1 carban papers. remove carban pap 72 hours after death may be retain.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician page 3 shauld be detached for use as the burial-transit permit. Then please semaye carl the registror prior to burial, cremation, ar remayal, and in any event within 172 hours after VS A15 (4) 1SM 9/SB

193



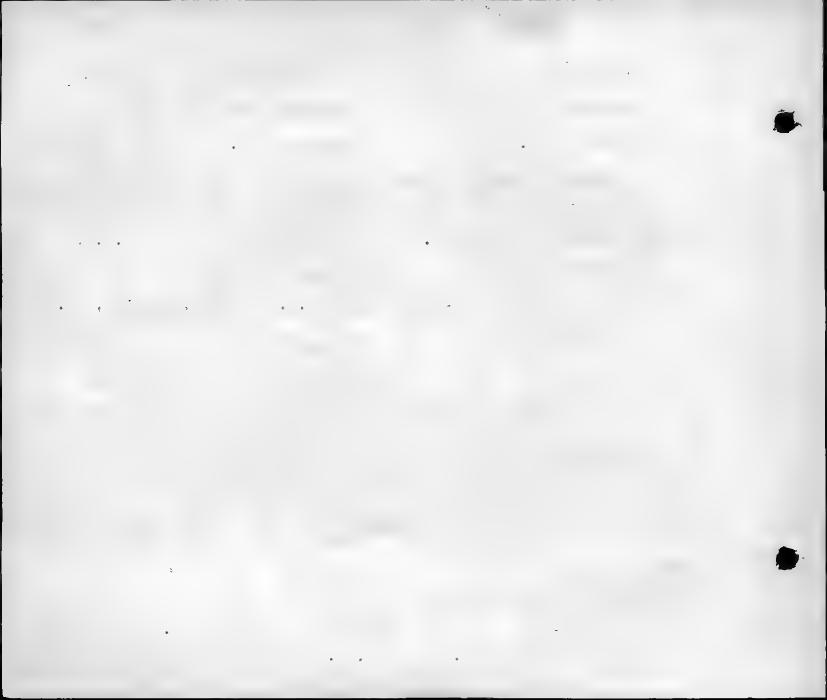
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04085**CERTIFICATE OF DEATH** Reg. Dist. No. director, iled with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) COUNTY filed b. COUNTY Baltimore MARYLAND Baltimore Marvland b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Cockeysville life Cockeysville d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 Beaver Dam Rd YES NO Beaver Dam Rd 4. DATE NAME OF First Middle Lost Month Day Year DECEASED OF Charles Ridgely Thompson DEATH 4-20-59 (Type or print) 19 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH lost birthdayl Months Days Hours 70 WIDOWED | DIVORCED | male white 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired! U.S.A. machine operator tool mfg. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tom Thompson Mary Ann Knapp IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Charles R.W. Thompson. Timonium. Md. no INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Candilians, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT TO THE TERMINAL DISEASE WAS AUTOPSY PERFORMED? YES | NO | 20d. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED [Enter nature of injury in Part I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, , 20f. (City or town) 20c. TIME OF INJURY Month, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg. etc.) House O. M While Not while at work | at werk 21. I certify that I attended the deceased fram. ..that I last saw the deceased 2, and that death occurred at M, fram the couses and an the date stated above ADDRESS Street, city or lawn, state DATE SIGNED ACTUAL SIGNATURE Dix shauld PHYSICIAN'S NAME (Type O 22b. DATE THEREOF 22a. BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town or county) (State) Burial Specify Jessops Methodist Sparks Md. o ADDRESS 24b, REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR York Rd., Towson 4, Md.

DATE APR 2 4 '59

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VS A15 (4)

15M 9/55



er death. Page 4

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	AL DIM DR: After this certificate has been signed by	hauld be detached for use as the burial-transit permit.	tran prior to burief, cremation, or removal, and in any
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VS A15 (4) 15M 9/SS

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1,	PLACE OF DEATH o. COUNTY	Baltimore	Coun	ty MARYL	ANG	2 USUAL RESID	ence (wh	ere deceased	l lived If instituti b. COUNTY		ce before	odmissio	n)
b CITY OR TOWN (If autside corporate limits, write RURAL and give georet town)				E. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	C	atonsville				Balti	more	18		21	10%	1	
	d. NAME OF HOSPITA	Al III nol in hospital, g The House Io Fusting	ive street	he Pines		d STREET A		37th S	Street			IS RESID	ARM?
3.	NAME OF	Fir	il.	Middle		losi	1000-01-00	4. DATE	Mor	ith	Day	Ye	POY
	(Type or print)	Type or print) Emma		Virginia		Thom	pson	OF DEATH	Apr	il	28	19	,59
5	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		B. DATE OF BIRTH	ı		9. AGE (In years		TYEAR II	UNDER	24 HF5.
	Female	White	WIDOWE			Dec. 25	,1868	3	9 last birthday) yrs.	Months	Days	Hours	Min
10	. USUAL OCCUPATIO	N (Give kind of work a	ione 10b.	KIND OF BUSINESS OR	INDU:	STRY 11 BIRTHPL	ACE (State	or foreign co	untry)	12. CI	IZEN OF	WHAT C	OUNTRY
	Housewi.	ing life, even if retired) Le				M	aryla	and		U	I.S.A		
13.	FATHER'S NAME					14 MOTHER'S	MAIDEN N	IAME					
	Henry :	Debaugh				(un	known	1)	Hubbar	d			
15.				SOCIAL SECURITY NO	17. H	NFORMANT			Add	r ess			
179	is. no. or unknown)	If you, give wer or dates of s	HAICE]		Mrs	.Mabel	L. Me	eeks,6	06 East	37th	Str	eet	
AL CERTIFICATION	PART I. DEAL Conditions, if or gove rise to in couse (a), stoling a lying couse lost. PART II. OTH 20 ACCIDENT WA: OR CONTRIBUTING (IF EITHER, NOTIFY of the country of	H WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO Oy, which he under. (c) ER SIGNIFICANT CON S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINERI	Ditions C	ONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO	THE TERMI	Part I ar Part	ECONDITION GIV	YEN IN PAR	ONSET 10 19.	WAS AL PERFORM	UTOPSY MED?
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) factory, street, affice bldg., etc.) p. m. 19 of work at wore work at												
E	21. I certify the alive on	5-1-59	le Cohen	and have	ERY O	R CREMATORY	3 8 306 /3	M, from ADDRESS (S)- Balle 22d LOCAT	in the causes of reel, city or town, they style man 7, long control of the cause of	and on the state) Market or county)	he date	stated	d abave re signe
			St.F	aul Street	;					Sallan .		.4	
E.		1						ran i I	20 20 1	ACRES INTERPORT	A. P. Walleton	and the same	



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4100 **CERTIFICATE OF DEATH**

04087

Reg. Dist. No.

	1. MACE OF DEATH 0. COUNTY Beltimore	MARYLAND	2 USUAL RESIDENCE (Where dec O. STATE Maryland	eased lived. If institution Resident b. COUNTY Cit					
ľ	b. CITY OR TOWN (If outside corporate limits, write	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	RURAL and give nearest town) Fort Howard	Baltimore							
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
١	Veterans Administratio	n Hospital	2631 Miles Av	enue (11)	YES NO				
ı	3. NAME OF GETVED AS First JOH	IN M. Middle	THORP Lost 4. DA	TE Manth	Day Year				
	(Type or print) JOHN	M.	THORPE DE	ATH April	22 1959				
1		RIED M NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS				
	Male White wibowi	ED DIVORCED	January 23,1900	Jost birthday) Months yrs.	Doys Hours Min.				
1	10o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or forei	gn country] 12 CIT	IZEN OF WHAT COUNTRY				
	Grinder Ci	1 Burner Mfg.C	o. Harpers Ferr	y,W.Virginia U.	S. A.				
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
ł	Richard Thorpe		Virginia Bier	ly					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes, no, or unknown) [(If yes, give wor or dates of service)]	SOCIAL SECURITY NO 17. H	YFORMANT	Address					
	Yes WW I	C1	in.Rec.Vet.Adm.H	ospital, Ft. Howar	d. Md.				
	18. CAUSE OF DEATH [Enter only one couse per li	ne for (a), (b), and (c).]			INTERVAL BETWEEN				
1	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC ARRHYTHMIX ONSET AND DEATH 10 MINUTES								
1		TO THE TOGET TO ON THE TOTAL PROPERTY OF THE SERVICE OF THE SERVIC							
1	Conditions, if ony, which) X. COR	CONARY CALCIFIC	ATION AND OCCLUS	ION, OLD	2 YEARS				
1	gave rise to immediate								
1	lying cause lost.								
ı	FAME II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART	101 19 WAS AUTOPSY				
ı	3 1. Carcinoma of bladder.	. 2. Myocardia	l infarction, ol	d	PERFORMED?				
	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED	O (Enter nature of injury in Part 1 or	Part II of item 18.)					
1	3 20c. TIME OF INJURY Month, Day, Year 20d. If	NJURY OCCURRED 200. PLA	ACE OF INJURY (Home, form, 29f.	(City or lown) (C	ounty] (Stote)				
1	20c. TIME OF INJURY Month, Doy, Year 20d. It Mour o. m. p. m. Ty A 19 White of worl		tory, street, office bldg., etc.)		()				
1	21. I certify that Sattended the decease		in EO . Annil	22 COVXXXX	VVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVV				
1	YXXXXYYXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	SAXAA TITATATATATATATA	TILL IN DZ. IO ADMAIL	<u></u>	ash waw upa-out oare				
ı	& XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	and that death							
ı	ACTUAL WE ///	Sed		\$ (Street, city or town, state)	DATE SIGNED				
4	SIGNATURE THE MAN WY	y fire	M.D. VA HOSPITAL, F	r. HOWARD, MARYI	AND 4/23/59				
	PHYSICIAN'S JOHN W. CRAWFORD,	M.D., Acting Di	rector Professio	nal Services					
ĺ	220 BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF	R CREMATORY 22d, LC	CATION (City town, or county)	(Stote)				
	Burial 7-27-59	Meadowridge M	emorial Park Ba	ltimore, Marylar	nd				
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 RECOUNTY RE	GISTRAR 245. REGISTRAR'S SIG	NATURE				
	Wir Cook Riight Ing 6000	Harford Rd Ra		Circhan &	Magai				



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death! Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

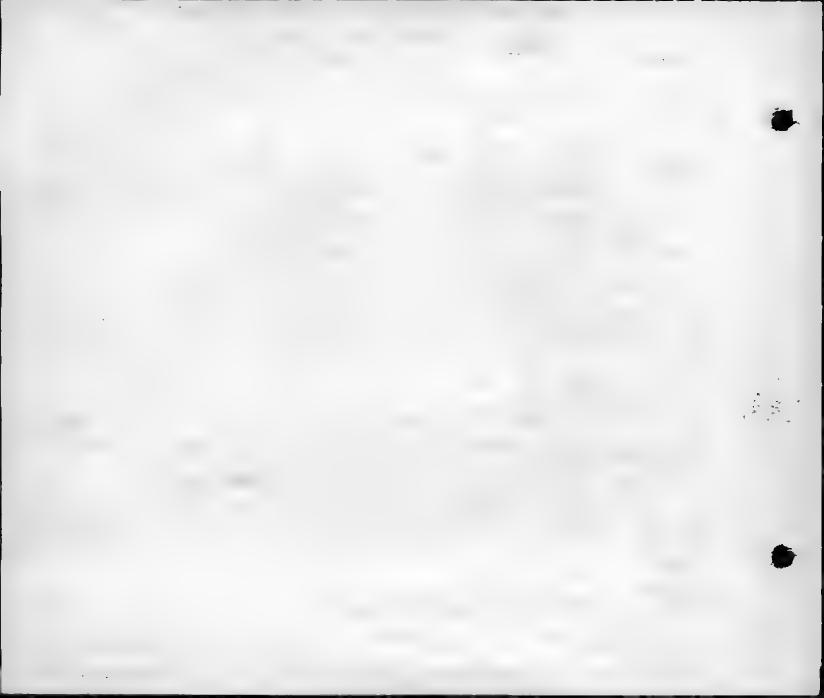
CERTIFICATE OF DEATH

04088

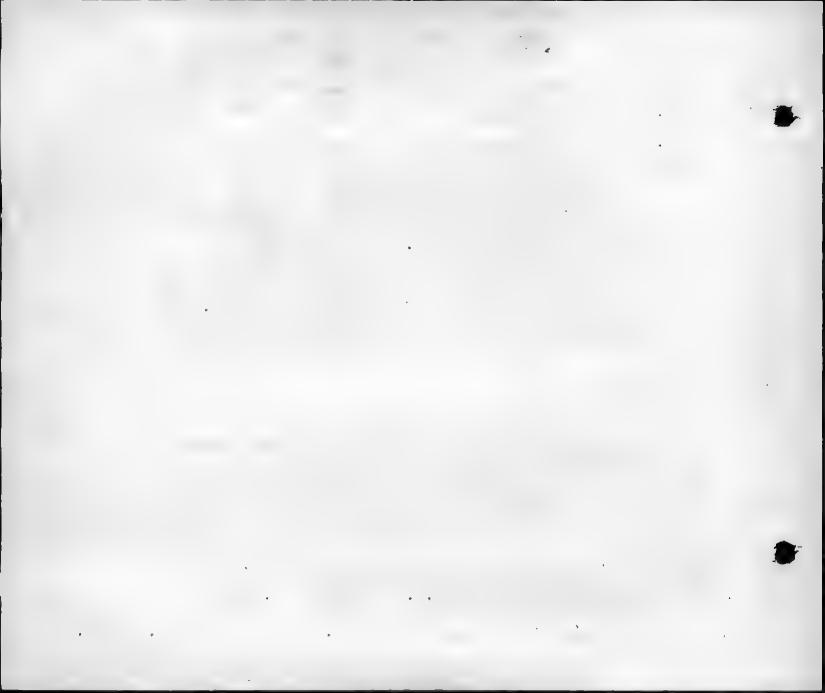
L				OEK!!!!	116 01 06	3111	Reg	, Dist. No.	
1.	PLACE OF DEATH a. COUNTY	3A2-71M	ORE	MARYLAND	2. USUAL RESIDENCE O. STATE	E (Where deceased li	ived. If institution: Rei b. COUNTY	sidence before admission)	
T		If outside corporate limi	its, write c. LEN	IGTH OF STAY IN 16	c CITY OR TOWI	N (If outside corporal	le limits, write RUKAL	and give nearest town)	
	RURAL and give ri	earest lawn) 118 B.B.W	1122 /1	912115	X P	1/6/2	1/3	2202/2/11/	1
Γ	& NAME OF HOSPIT OR INSTITUTION	TAL (If not in haspital, g	give street address		d. STREET ADDRI	ESS /	1 2 7 1	e. IS RESIDENC	E
L		15321/	10216	14/32 Cal.	1 07	· 12.1.	102 -1/1	YES AND	
3.	NAME OF DECEASED (Type or print)	- Fig.	ARNY	Middle	tosi	4. DATE OF DEATH	Manth	Day Year	5
5.	SEX	6. COLOR OF RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9.		IDER I YEAR IF UNDER 24 H	HRS.
L	M	in	WIDOWED	DIVORCED 🗍	2/2/	1890	lost birthday) Man	ths Days Hours Mil	n
10	 USUAL OCCUPATION during most of work 	ON (Give kind of work king life, even if retired	done 10b. KIND O	OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE	(State or fareign cour	alry) 12	CITIZEN OF WHAT COUN	NTRY
L	1-1.1	CIEC.	FB	P 1969-	1 19	18161	10	1/13.8.	
13	FATHER'S NAME	4 .	-1	6.1	14. MOTHER'S MAI	DEN NAME	I'd per the modern		
L	["/\s	PLAN T	HYPSY	21/	NE	5/12 B	PRUTT		
15 (Y	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of s		SECURITY NO. 17 II	NFORMANT		Address	752 11/1000	o o
		* *	1.10-	-7-727 4 PM	IFE-MAS	-DT718	THIPSEN	ESISTET. F	
		ATH [Enter only one co	ouse per line for (a	a), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEAT	
	PART I DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1 CR14	2 NOW 6-C	MOPH E ME	TRITASE	C	THEFFS	
	1 3	DUE TO	>						
Ł	Conditions, if a		٠						
l	gove rise to i couse (o), stoting)						
	lying couse lost.		c)						
	PART II. OT	HER SIGNIFICANT CON	IDITIONS CONTRIB	BUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE C	ONDITION GIVEN IN	PART I(a) 19 WAS AUTOP	
5								YES NO	
CERTIFICATION	200. ACCIDENT WA	AS UNDERLYING AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	IOW INJURY OCCURRED). (Enter noture of inju	ry in Port I or Port II	of item 18.)		
II.	20c. TIME OF INJUR	<u> </u>	ar 20d, INJURY C	OCCURRED 20e. PL/	ACE OF INJURY (Home	form 20f (City o	r Ioual	(Cauadia) (St.	ote)
MEDICAL	Hour a. n.	19	White _ No	at white fac	tory, street, office bldg	j., elc.)	, rowny	(County) (Ste	oraj
2	p. m.			wark	. E 14	11/0			_
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1	alive on			, and that death	occurred at £ 12		the causes and o	on the date stated ab	
L	ACTUAL &	de 4	Ruka	Xs	Cr2 114	ADDRESS (Street	et, city ar town, state)	DATE SIG	GNED
	SIGNATURE	our /	, NO 0/V: PO	/ !	M.D. 2 - 17	<u> </u>		7-47-11-14	
L	PHYSICIAN'S NAME (Type)	CWIN Z	PIERR	2117.1.0.		····	~~~~~~		
22	O BURIAL CREMATIC	N. 226. DATE THEREC	OF 22c/y	NAME OF CEMETERY OF	CREMATORY	220 LOCATIC	N (City, Jown, of cour	niy) (State)	
L	Jurias	(LAN. 15"	1959 116	tolawn (Eucliny	Moodlo	www Batt	o Coo Mis	
23	FUNERAL DIRECTOR	'S SIGNATURE	Al	DDRESS 1 B 0	240.	. REC'D BY REGISTRA	AR 24b. REGISTRAR'	S SIGNATURE	
10	Milles	LULLOTE	au 100	OD N Joall	DAT	re APR 1 4 '5	9 0		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificale be executed within 24 hours often may be retained the hispital or ottending physician.

TO FUNERAL DIRE R: After this certificate has been staged by the attending physician and completely filled in by the page 3 should be selected for use as the burial franst permit. Then please remove carbon papers Pages 1 and 2 shifthe registrar prior to burial, cremation, ar remotal, and injury event within 72 haurs ofter death. VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 4102 Reg. Dist. No with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission o. COUNTY filed **b** COUNTY MARYLAND Baltimore County b. CITY OR TOWN (If outside corporate limits, write c. CITY OR FOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) Mt.Wilson, Maryland d. NAME OF HOSPITAL (If not in haspital, give street address) A STREET ADDRESS e. IS RES DENCE of Nativition State Hospital ON A FARM? ${
m Mt}$ YES INO IZ NAME OF 4. DATE Middle Month Yeor DECEASED (Type or print) DEATH 19 5 7. MARRIED TO NEVER MARRIED OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HP Months DIVORCED [7] WIDOWED [7. yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) YAINTE NANCE 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Hospital Records Mt Wilson State Hospital 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) (INTERVAL BETWEEN ONSET AND DEATH DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO DO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or lawn) 20c. TIME OF INJURY Day. Year 204. INJUSY OCCURRED (County) (State) factory, street, affice bldg., etc.) o m. Not while at work 🔲 at work 21. I certify that I attended the deceased from, 19_0_3,that I last saw the deceased and that death occurred at 10.10 P.M., from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Ţ, PHYSICIAN'S William Newcomer, M.D. NAME (Type) Superintendent FUNER 220. BURIAL, CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) page (State) REMOVAL (Specify) Rurial Loudon Park Cem. Balto. 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & Kour



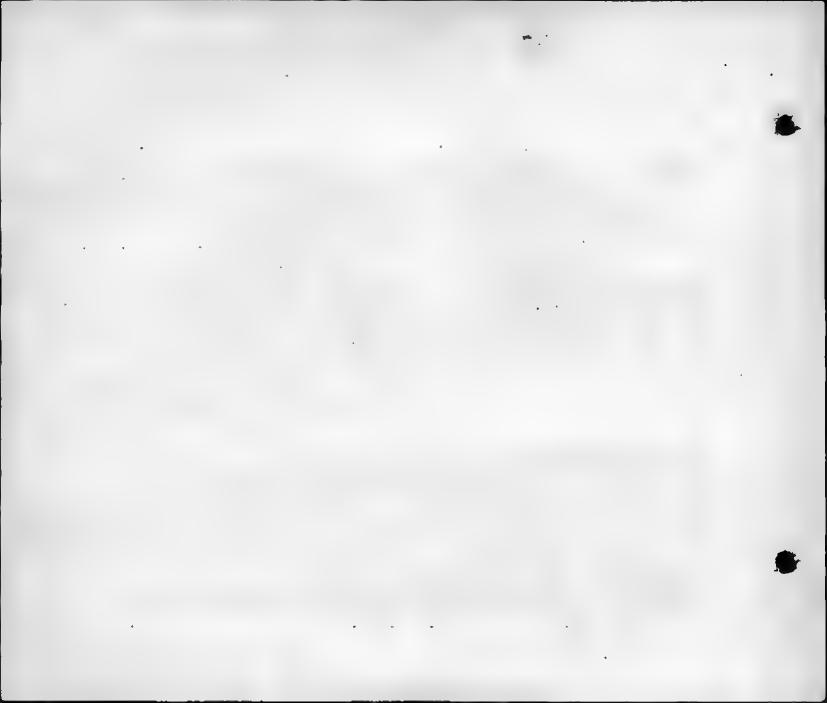
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11AL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofer death. Page	retained the haspital or attending physician. RAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by perfuneral director.	stability be detached for use as the burder-rankt perfect, then pieces remove carbon papers. Tages I and 2 that is a strict with the prior to burief, cremation, or removal, and in the event, within 72 hours after death.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9, Film 0241, 4/13 CERTIFICATE OF DEATH

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3200	kag, Ditt, Ne.			
1. PLACE OF DEATH Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE Md. b COUNTY Baltimore			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ROSECELE	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Rosedale			
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 1301 Rosewick Ave.	d STREET ADDRESS e. IS RESIDENCE ON A FRAM?			
TOT HOSOWICK AVE.	1301 Rosewick Ave. YES NO			
3. NAME OF DECEASED (Type or print) ALOYSIUS ALOIS LOUIS FRAN	IK TOMASCHKO DEATH April 5, 195919			
5. SEX 6 COLOR OR RACE 7. MARRIED MEVER MARRIED 1 DIVORCED 1	8. DATE OF BIRTH 11/18/1897 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS In the state of the state o			
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret - tailor Excello Coat				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Anton Tomaschko	Ernestine Glaser			
	NFORMANT Address izabeth Kiessling Tomaschko, wife, abov			
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I, DEATH WAS CAUSE BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoling the under- tying couse lost.	ech onset and death extress in interval between entresses in an interval between alob to in			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 2 provious cerebral vascula.	NOT RELATED TO THE TERMIDIAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? ACCURACY: D'abeles YES NO. D. (Enter noture of injury in Part 1 or Port II of Item 18)			
20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f (City or town) (County) (Stole) ctory, street, office bldg , etc.]			
ACTUAL DI John Geldich	, 19, to, 19,that I last sow the deceased accurred at \(\begin{align*} LO_P \mathcal{M} \end{align*}, from the causes and an the date stated above ADDRESS (Street, city or lown, state) DATE SIGNED M.D.			
PHYSICIAN'S NAME (Type)				
220 BURIAL CREMATION, 1210 DATE THEREOF BALTO. Nat. (Balto. Nat. (Burial)	CREMATORY 22d LOCATION (City fown, or county) (State) Baltimore, Md.			
23_EUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			
Charles E.Schimunek Funeral Home	DEPOR 9 159 arily & House			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH COSEWOOD State Training Sc ool 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before indivision) b. COUNTY MARYLAND b. CITY OR TOWN (If outs de corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Owings Hills, Harvland Elkton, Maryland d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION Rosewood State Training School R.F.D. Middle 4. DATE Last DECEASED Arthur DEATH (Type or print) George Tweed 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED T 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH last birthday) Months WIDOWED IT DIVORCED [Male White 100. LSUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Newark. Delaware 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Sara May Grant Clinton R. Tweed 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT i. Iff yes, give wor or dates of services Rosewood Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a **DUE TO** Canditions, if any, which B gave rise to immediate DUE TO cause (a), stating the underlying cause last. burial-transi CATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 206 ACCIDENT WAS UNDERLYING OF CONTR BUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20f. (City or fown) 20d INJURY OCCURRED factory, street, office bldg., etc.) Hour a m While Nat while at work of work 4/13/59..., 19...., that I last saw the deceased 21. I certify that I attended the deceased from 4/13/59_, 19_____, and that death accurred at 10: 20a M, from the causes and an the date stated above. ADDRESS (Street, city, or town, state) NAME (Type) 220 SURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) LREMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24b REGISTRAR'S SIGNATURE VS A15 (4) arthur & Kronet

e. IS RESIDENCE

ON A FARM?

YES NO TO

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES NO

> > (State)

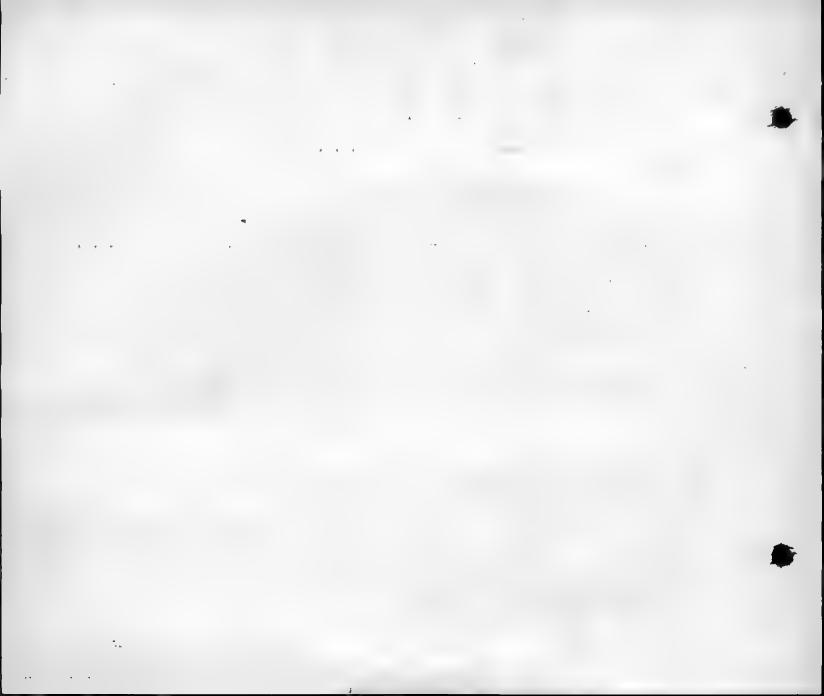
DATE SIGNED

U.S.A.

(County)

DATEADD 1 6 159

15M 10/57



CERTIFICATE OF DEATH

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Reg.	Dist.	No.		

T	PLACE OF DEATH	7 4 4			MARY	TAND	2. USUAL RESI	Maryl		d lived. If inst		Residence	e befor	e admissia	n)
-	b. CITY OR TOWN (if	altimore	to write	a JENGI	TH OF STAY						h. Dieb	40			
	RURAL and give ner	arest tawn)	19, 171116		Days	114 10	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)								
-	d. NAME OF HOSPITA		Baltimore Description of the is residence												
	OR INSTITUTION				2 4 7									ON A	ARM?_
 		Administ:		n_Hos			707	E. 30		reet				YES 🔲	NO 🔽
3	NAME OF DECEASED	Fir			Middle		los	il	4. DATE OF		Month	- 1	Day		or
_	(Type or print)	GEOR			(IMI)		WAGNER		DEATH	APRII	,	14		19	59
5.	SEX	6 COLOR OR RACE	7 MARI	RIED 💢 NE	EVER MARRI	ED 🔲	B. DATE OF BIRT			9 AGE (In ye	ars IF			IF UNDER	
	Male	White	WIDOW	N-made -	DIVORCE	1	12/3/1				yrs.	nanins	Days	Hours	Min
10	o. USUAL OCCUPATION	N (Give kind of work one life, even if retired	dane 10b.	KIND OF	BUSINESS O	R INDUS	TRY 11. BIRTHP	ACE (State o	ar foreign c	ountry)		12. CITE	ZEN O	WHAT	OUNTRY
	Laborer	mg me, even a temed		onstr	ructio	n	Balti	more,	Mary	land		U.	S.A		
13	FATHER'S NAME						14. MOTHER'S							-	
	Charl	les Wagner					Bar	bara	Arou	14					
15	WAS DECEASED EVER	IN U.S. ARMED FOR	CES? 16.	SOCIAL SE	CURITY NO	17. 17	FORMANT		996 0 00		Address				
Ľ	Yes	WH I					n.Record	ds,Vet	s.Adm	.Hospit	tal,	Ft.H	lowa	rd,M	i.
		TH [Enter only one co	use per li	ne far (o).	(b), and (c).	1						44*400	INTE	RVAL BET	MEEN
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	Conditions, if an	y, which) (b	R	GHT I	NEPHRE	CTOM	Y						6	Days	
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Z	PART II OTH	ER SIGNIFICANT CON						THE TERMIN	VAL DISEAS	E CONDITION	GIVEN	IN PART			
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18							(Enter nature a							713	INC LALA.
CERTIFICATION	200, ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH					ferrer nathra a		411						
MEDICAL		Manth, Day, Yes		NJURY OC		20e. PLA	CE OF INJURY	Home, farm,	20f. (City	ar town)		(Co	ounly)		(State)
18	Hoor a.m.	19	While of war	k at we	while ork	fac	tary, street, office	a błdg., etc.)	1						
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	ZI. I Certify Inc	Vattended the	deceds	ea trom.	reprii.	ary	יצבאו ייביד	_, 10A_D	E3.L	mi'''' 182	1 <u>7</u> _, 1	MORLICA	APLACE.	MUTHRACE	aceates
	TO DO	000000000000000000000000000000000000000			and that	death	accurred at						e dat		
	ACTUAL SIGNATURE	VINCZ	Tens	er i	Ank	1	AD VA			reet, city or to				4/14,	e signed /59
	PHYSICIAN'S	OMBO O DE	N.S.D.	1/ D											
_	NAME (Type)	OTTO C. BE		TI:Do			VAI	I, FOR	T_HOW	ARD, MA	RYL	AND_		7/77	/59_
22	BURIAL CREMAT ON REMOVAL (Specify)	4, 226 DATE THEREC	F	22c NA	ME OF CEME	ETERY OF	CREMATORY		22d LOCAT	HON (City, tav	vn, or c	ounty)		(State)	
	Burial	4-18-	57			emer	Cemeter	y	4430	Belair	Rd.	Bal	tim	ore,	Md.
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADD	RESS			24a. REC'D	BY REGIST	RAR 24b R	EGISTR.	AR'S SIGI	NATUR		
T.	J. brenoe	Parch 5305 1	Jarto	and Rd	l_ Ral	timo	re.Md.	DARDD	2 0 100		×1 -	0 4	,		

requires that the death certificate be executed within 24 havrs after D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be defached far use as the buriol transit permit. Then please remove carbon papers: "Pages," and 2 shother registrar prior to buriol, cremation, or removal, and in any event within 72 hours after deathy. TO FUNERAL DIRE TO HOSPITAL OR VS A15 (4) 15M 10/57

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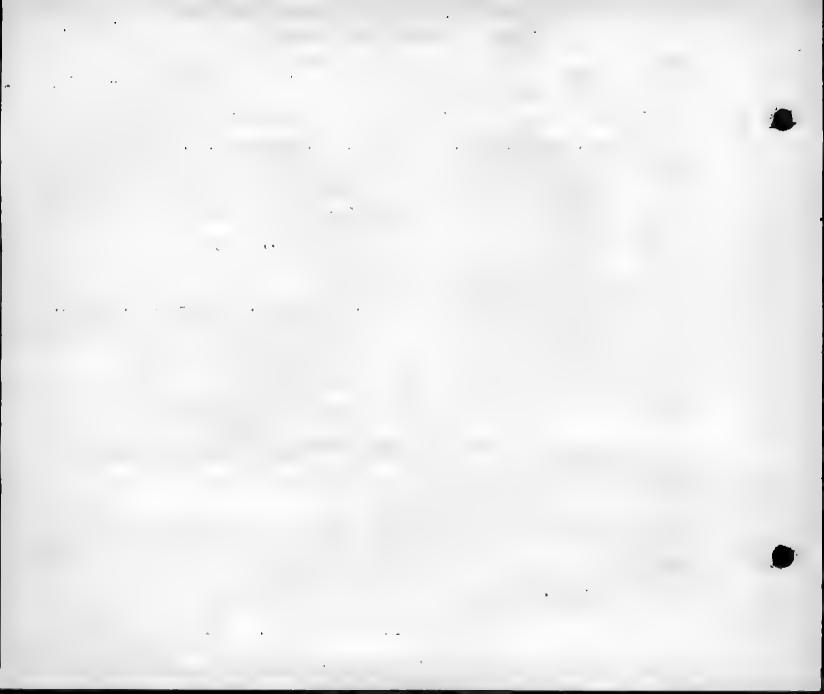
death: Page 4



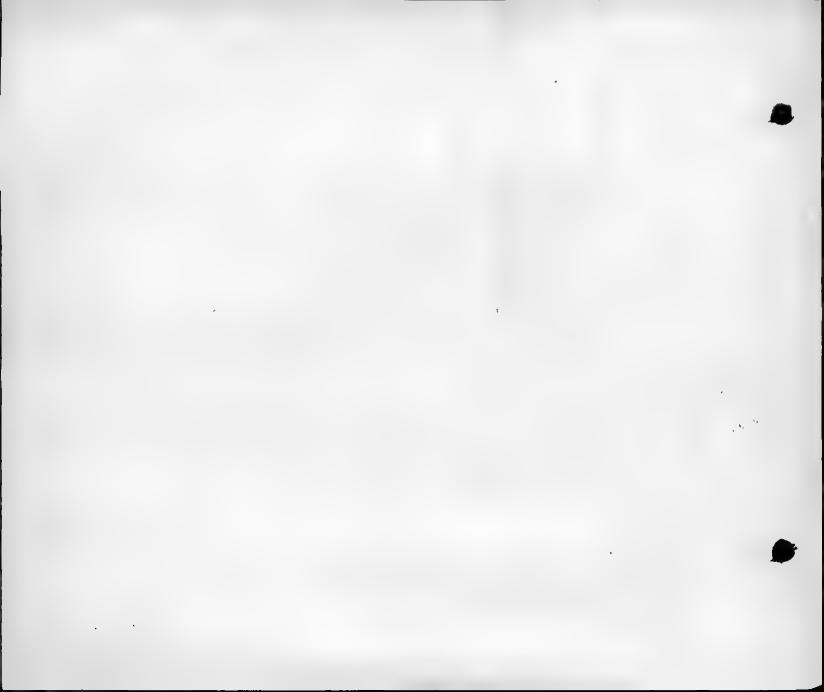
CERTIFICATE OF DEATH Reg, Dist, No. with director. deoth, Page 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH · COUNTY filed **b.** COUNTY Baltimore MARYLAND лтоле c. CITY OR TOWN (If outside carporale limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give negrest town) Parkville 몽 d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? lexas Avenue 25 lexas Avenue YES NO MX D'o 2. 4, DATE OF DEATH NAME OF Middle Month Year (Type or print) 19 9. AGE (In yours lost birthday) IF UNDER TYEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Dovs Hours WIDOWED DIVORCED [tema TO USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Houseunte 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME altrider Samuel Hattacker 16. SOCIAL SECURITY NO. 17 INFORMANT Address Texas Ave. requires that the deoth 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 3 Ra worldenson DUE TO á Conditions, if any, which Signed gove rise to immediale DUE TO /g couse (a), stating the underlying couse lost. been, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? buriol YES NO 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while at work of work . 19 5 10 to ... 19.52, that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 3:3-1.M, from the causes and on the date stated above. ACTUAL SIGNATURE 3 should PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) REMOVAL (Specify) Trinity Ketormed Marchester, Maryland 9 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE APR 1 4 '59 Cothun & House VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





-11 11		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	
D' D		4108 CERTIFICATE OF DEATH	04095 Reg. Dist. No.
h. Page A		PLACE OF DEATH a COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institute of STATE of STATE of COUNTY of STATE of STATE of COUNTY of STATE of COUNTY of STATE of COUNTY of STATE of COUNTY of STATE o	
to be a f	1	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn).	re RURAL and give nearest town)
ours offer d		d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION / BE, OVerlea AVe BE, Overlea	A V-R 15 RESIDENCE ON A FARM? YES 11 NO 12
m 24 h Filled i	3.	DECEASED (Type or print) Tent 6. Weger DEATH AP	Adonts Doy Year
> 2 .		SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE-OF BIRTH 9 AGE (n') lost birthdo; 8 DATE-OF BIRTH 9 AGE (n') lost birthdo; 9 AGE (n') lo	Annihs Days Haurs Min 12. CITIZEN OF WHAT COUNTRY?
and bon per dec		doling mass of warking life, even if relired) TO 1964 T	U.S.A
certificate be g physiciań ar remave corba 72 hours after		George K. Wagor Mary Funk	
		ex no or follown) He yes, give wor or dofes of services 312-01-458 Catherine 710 & F. Wager	18 E. Overloa Ave
the death ce ne attending hen please re ent within 72		18. CAUSE OF DEATH [Enter only one couse pay line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY CORONARY THROMBOSIS	INTERVAL BETWEEN ONSET AND DEATH (OKINVIE
thol by it		Conditions, if any, which) IDARTERIOSCHEROTIC CARDIOLASCULAR DIS	IEASE ZUYEAGS
5 6		gave rise to immediate cause (a), stating the <u>under:</u> [ying cause last, (c)	
: The law req ing physician. le has bent si burial-transit remava			PERFORMED? YES NO []
MAN: The fending in ficate has buring the four in a remain of the fending in a remain of the fending in the fen	CERTIF		
PHYSIC ial or at this cert r use as emotion	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 40e PLACE OF INJURY (Home, farm, 20f (City ar lown) factory, street, affice bldg, etc.) at wark at wark at wark	(County) (State)
ENDING the haspil A: After tacked fo burial, cr		21 I certify that I attended the deceased fram. A PRIL 1948, to APRIL 4, 19-alive an ARIL 12, 1957, and that death accurred at 112 AM, from the causes	that I last sow the deceased
OR ATTE		ACTUAL Game Gleves MD 6 > 32 Belan &	vn, state) DATE SIGNED
AL AL	1	PHYSICIAN'S ADAM G. SWISS BALTIMORE	6 KD
HOSP TOY be FUNE Oge 3	22	FEMAL, CREMATION. 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, low) SUNG 4-13-59 HOLY Red Remov Balance	n. or county) R (State)
O E O ^{0, ±} VS A15 (4) 15M 10/57	27		GISTRAR'S SIGNATURE Children S. Hand
iom to di	E:		



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 havrs after death. If any delay is necessary, please execute the certificate word "pending" in penal in them 18. Give Pages 1, 2, and 3 to the funeral direct ages 4 should be farwarded to third Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation.

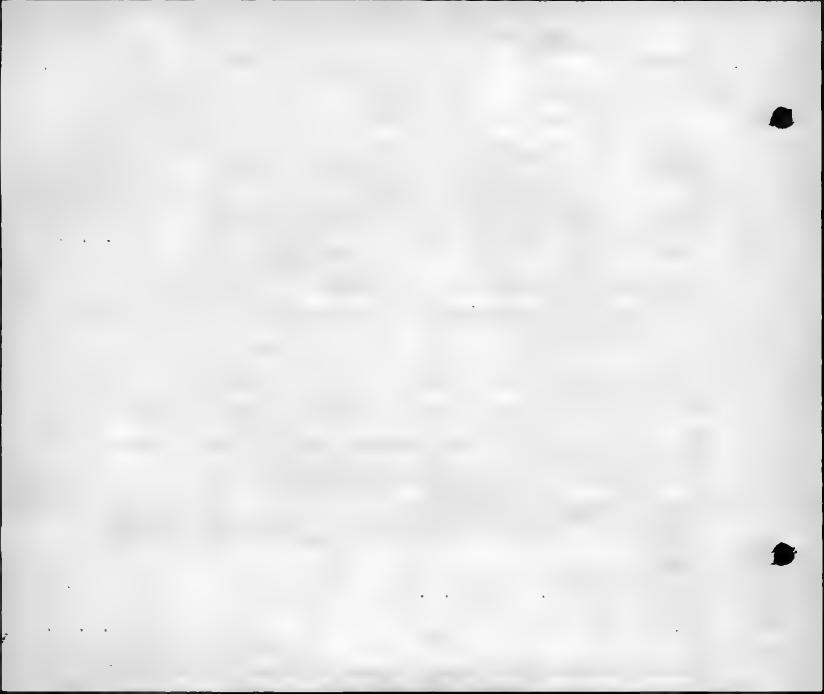
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10 b		

or remayal.

VS. A15ME(5) SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04096 410 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH 6. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (V 0. STATE Mary]	Where deceased lived. If it and b co	miliution: Residence b	
b. CITY OR TOWN [If owhide corporate limits, write EURAL and give nearest town]	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits,	write RURAL and give	nearest town)
Catonsville	3yr5mth16dys	West Hy	attsville, k	Maryland /	6.15-2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	ital, give street oddress)	d. STREET ADDRESS			o. IS RESIDENCE ON A FARM?
Office Control Control	PITAL	3546 Mad	lison Street		YES NO B
3. NAME OF First OLOS	Middle Bruno	Wessberg	4. DATE OF DEATH	Month Do	7 1959
5. SEX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In ye		
male white widowed	DIVORCED []	anuary 7, 18	378 81	yrs. Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KI during most of working life, even if retired) Dricklayer C	nd of Business or Industr on Struction	11. 81RTHPLACE (Stote Sweden			S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME	,	
Olof Wesberg		Greta? (Un	nknown)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes. no. or unknown) (If yes, give wer or doles of service)	OCIAL SECURITY NO. 17. IN	FORMANT	Ad	dress	
	8-01-7397 Re	cords: SPR]	ING GROVE S	PATE HOSP	LTAL
CAUSE OF DEATH.	LIGHT CONGRET OF LAND	ther noture of injury in Portion of Injury in Injury	chofe 20f. [City or fown] Catum y 1: Inspection	I GIVEN IN PART I(0) Clusos (County) (County) (I Anguiry)	19. WAS AUTOPSY PERFORMED? YES P NO [] (Stote) (and find that
EXAMINER'S George M. Kieffe	r, h. b.	.M.D. CHIEF MEDICAL EXAMPLE. ASSISTANT MEDICAL INCOME.	AL EXAMINER 🔲		14-7-59
RELIGIOUS PRODUCTION AS A	no. NAME OF CEMETERY OR CO		22d LOCATION (City, to Colmar Mano		(Stote) Co., Md.
23. FUNERAL DIRECTOR'S SIGNATURE WWW. Chambero to Snc. 1400	Elapin SIEW	7/2_ ADI		REGISTRAR'S SIGNATI	



TO DEPUTY MEDICAL EXAMINER: This certificate shaufd = executed within 24 haurs after death. If any delay is necessary, please execute the certification witing the ward "panding" in pencil in them 18. Give Pages 1, 2, and 3 to the funeral direct gaps 4 should be farwarded to hief Medical Examiner's Office along with form PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a buriof-transit permit. File pages 1 and 2 with the registrar prior to buriof, cremation,

or removal.

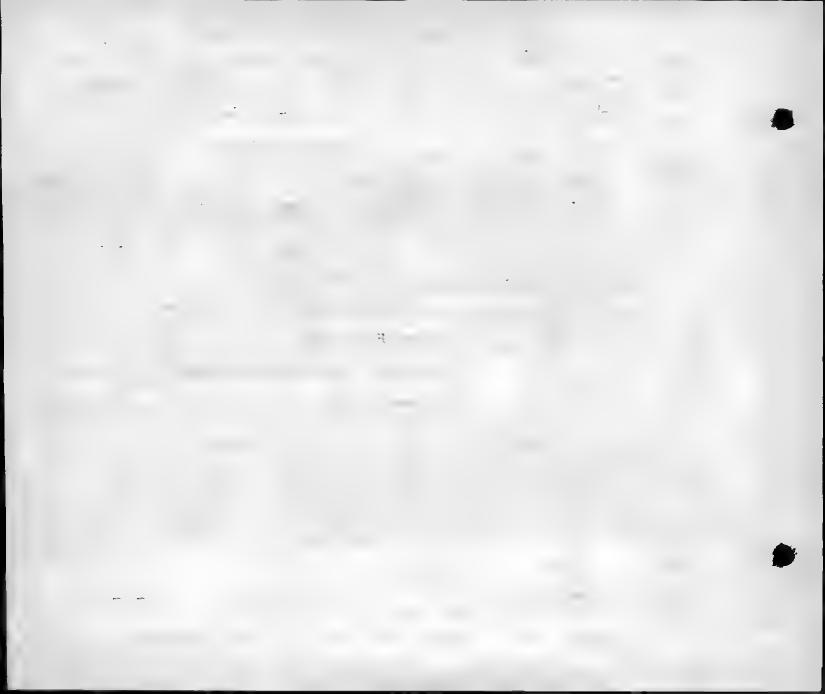
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

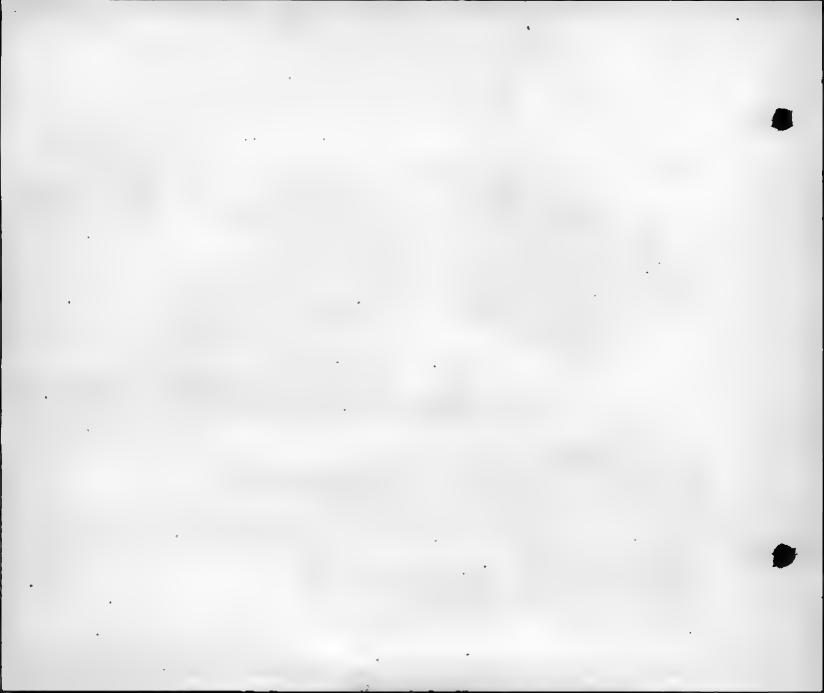
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	7.4.4					W.	eg. Dist. No	l u
PLACE OF DEATH	411			2. USUAL RESIDENCE (N	Where decessed	lived. If institutions	Residence bef	ore odmission)
a. COUNTY	Baltimore		MARYLAND	o. STATE Md		b. COUNTY	Balt	
	(If outside corporate limits, wri	IN RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	outside corpor	ote limits, write RUR		
and give nearest to	al-Baltimore		True					
			pitol, give street address)	d. STREET ADDRESS	Baltin	0)563		e. IS RESIDENCE
***************************************		£	bured Auto surper appropria	/				ON A FARM?
				2316 Wille	r Ave 1			YES NO
DECEASED		nd	Middle	Lost	4. DATE OF	Month	Day	Year
(Type or print)	LINA	V	MHOS		DEATH	Apr	19	19 59
5. SEX	6. COLOR OR RACE	7. MARRIE	ED 🔲 NEVER MARRIED 🔲 8.	DATE OF BIRTH	9.	4 4 4 4 1 4	nths Days	IF UNDER 24 HRS Hours Min.
female	white	WIDOWED	DIVORCED 🔲	7 Feb 1889		70 yrs. 100	nthe Days	riours min.
log, USUAL OCCUPA	TION (Give kind of work	done 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign cou	itry) 1	2. CITIZEN O	F WHAT COUNTRY
House				Maryland	a		T.S.	
13. FATHER'S NAME	WWW.			14. MOTHER'S MAIDEN I			U AIV A	
	Talan Tulan	చింద		77 3				
15. WAS DECEASED	John Imho	-	SOCIAL SECURITY NO. 17. #	Unknown		Address		
Yes, no, or unknown)	(If yes, give war or dates a				1 001			
	1			Gordon Whee	ter 2310	o Miller		
	EATH [Enter only one co	use per line i					ONSE	EVAL BETWEEN ET AND DEATH
PARI I, UI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cerebral E	ermorrage				inst
4 43 %	DUE TO							
Conditions, if)	Hypertensia	ve Cardiovas	cular D:	Lsease		undet
gave rise to imr								
couse lost.	(c	3	Athersoscle	rosis				undt
Z PART II, C	THER SIGNIFICANT CON	IDITIONS CO	MTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERM	INALDISEASE C	ONDITION GIVEN II	N PART I(o) P	9. WAS AUTOPSY
Ă l							,	PERFORMED?
PART II. C	AUSE WAS 2	Ob. DESCRIBE	HOW INJURY OCCURRED. (E	nter notice of injury in Por	1 Loc Port II of	item 18.)		
PRIMARY OF C	ONTRIBUTING LEE			The state of the s	7 . 01 . 1017 11 01			
	JURY Month, Day, Ye	or 204 r	NJURY OCCURRED 200. PLAT	CE OF INJURY (Home, form	005 1071	Anual	to a series	40
ZOc. TIME OF IN	n.	While	Not while Factor	ory, street, office bldg., etc.	7, 20f. (City or .)	iowii	(County)	(Stote)
p. /	n. 19	al wo	rk ot work					
21. 1 certify	that I took charge	e of the r	emains described aba	ve, held an Autaps	y 🔲, 🏻 Insi	pectian 🔼 , 🗀	iquiry 🔼	and find tha
death results	ed from: Natyral	causes 2	🛂, Apccident 🔲, Suid	cide 🔲, 🛮 Hamicide	□, Und	etermined caus	e 🔲.	
	1	0	L \ / / .					
ACTUAL SIGNATURE	NAN	n U	1 DL/V	M.D. CHIEF MEDICAL EX	CAMINER 🔲			DATE SIGNED
\$101tATOKL			()	ASSISTANT MEDIC	AL EXAMINER	٦		
EXAMINER'S NAME (Type)	John C Hy	le MD		DEPUTY MEDICAL			-19-59	
	TION, 226. DATE THERE		22c. NAME OF CEMETERY OR			IN (City, fown, or co		(Stote)
REMOVAL (Speci	4-22-F							
CORTAL DIRECTO		77	ADDRESS			LAUST.	M D	L.
3. FUNERAL DIKECH	-e D		ACTION DA		D BY REGISTRA			_
Lustin	16. Noner	an o	38/8 Notand	Cerco DATE	APR 23'5	A Chill	wn & 180	alle



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04098 CERTIFICATE OF DEATH 4111 Reg. Dist. No. director, iled with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) COUNTY Baltimore a STATE **b** COUNTY MARYLAND Md. Baltimore b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Glyndon Glyndon d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS IS RESIDENCE ON A FARM? Bowers Lane Bowers Lane YES NOTE NAME OF Middle Year April 27.1959 Washington Whiteomb (Type or print) George DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX July 13,1889 AGE (In years lost bighday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Male White WIDOWED [7] DIVORCED [7] 100 USUAL OCCUPATION (G've kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRYS Truck driver U.S. Maryland guo 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William Whitcomb Elizabeth bussler 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Yes 3" Mrs.L.C. Marie Whitcomb. Glyndon. Md. 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETYPEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE [0] **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO C 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) 20c TIME OF INJURY Dov Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Hour q. m. While Not while of work of work p. m. 21. I certify that I attended the deceased from that I last sow the deceased ach and, that death occurred at A.M. from the copses and on the date stated above ADDRESS (Street city or town_state) ACTUAL SIGNATURE should FUNERAL NAME TYPE 220. BURIAL, CREMATION, 226. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION [City, lown, or county] poge (State) REMOYAL (Specify) Reisterstown Methodist Reisterstown . Md . 0 23 FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) J.F. Eline & Sons, Reisterstown, Md. DATE APR 2 9 '59 arthur & House 15M 10/57

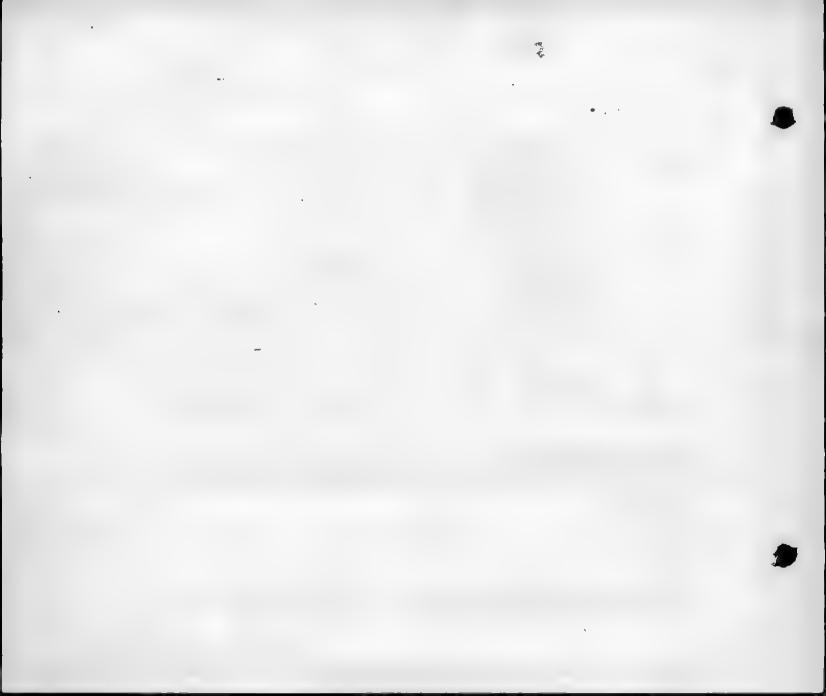
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4112 **CERTIFICATE OF DEATH** Reg. Dist. No I director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY o STATE **5 COUNTY** MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE annerv OR INSTITUTION ON A FARM? YES NO 17 NAME OF First Middle DATE Day Year DECEASED (Type or print) DEATH 19 5. SEX 7. MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years lost birthday) Months. Days Hours WIDOWED F DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. ottending CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ā PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which **(b)** gave rise to immediate **DUE TO** couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES INO I 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day. 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour o. ft. While Not while of work at work p. m. 21. I certify that I attended the deceased from... 19 - Athat I last saw the deceased and that death occurred at 1011 6 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) O FUNER/ 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) Wodlawn ฟอดติโลษท FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 DATE Chillen & Through



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nd 2	X	1244 Birch 4118. 1244 Birch Ave. 18501	
24 hd		9. NAME OF DECEASED To Wildle Last 4. DATE Month Doy Yee (Type or print) Toda. M. Wile Gard Death April 11	and the same of
ithin Iy fill Page		5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years If UNDER TYEAR IF UNDER TYEAR) IF UNDER TYEAR IF	24 HRS
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ertifica		5. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes no or unknown) 181 yes, give wor or dates of service)	
ottending pleasere within 72	I	18 CAUSE OF DEATH [Enler only one couse per line for (o), (b), and (c)]	
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YSIC or off certs a os		20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED Hour a.m. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County)	(Stole)
ital car us		p. m. 19 at work at work	
hosp After hed f		21. I certify that I attended the deceased from 1952 ta 4/11, 1959, that I last saw the de	
Para o		alive an	abave GNEDIE
OR A ned DIR Id be	ž.	SIGNATURE Thereto MD. 5305 Fast Drive 4/11/	59
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OSP JNES JNES JNES JNES JNES		20. BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote)	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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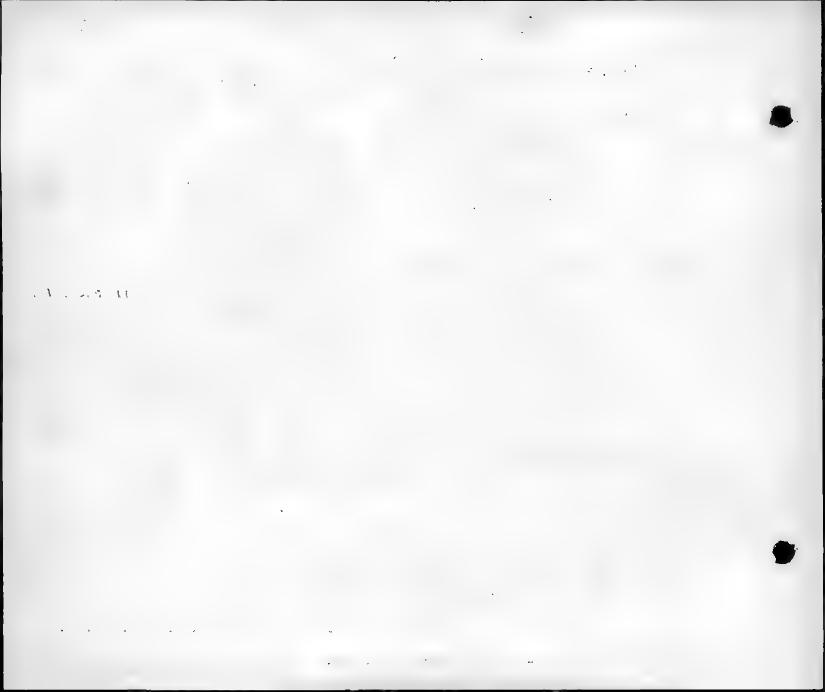
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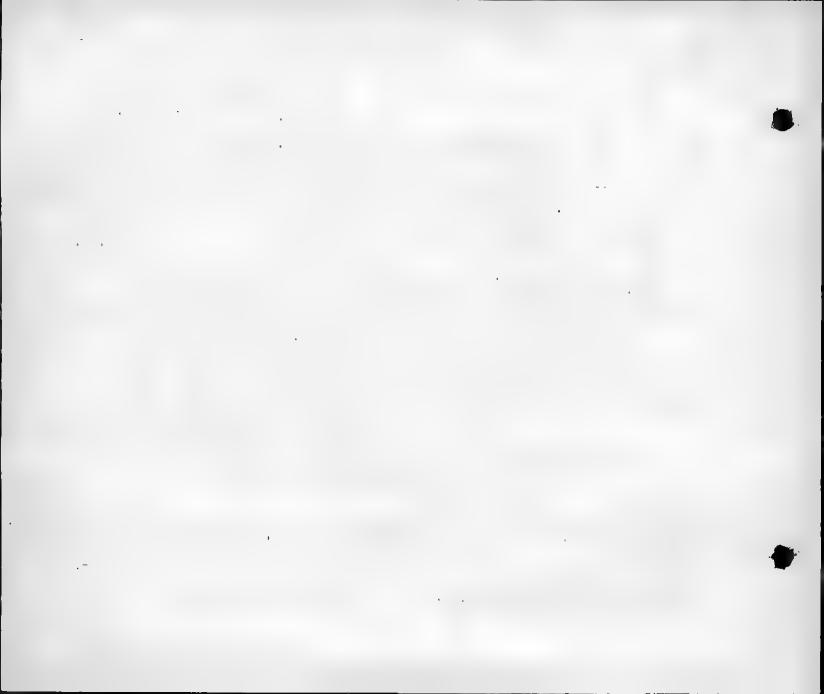
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4115

CERTIFICATE OF DEATH

() 4104 Reg. Dist. No.

b. CIVY OR TOWN (if outside corporate limits, write RURAL ond give nearest town) Fort Howard d. NAME OF HOSP, TAL (If not in hospital, give street address) Veterans Administration Hospital AMAGE O. STATE Maryland b. COUNTY C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL ond give nearest town) RURAL ond give nearest town) Baltimore J. CITY OR TOWN (if outside corporate limits, write RURAL ond give nearest town) Baltimore J. STREET ADDRESS OR INSTITUTION Veterans Administration Hospital J. STREET ADDRESS OR ISTREET ADDRESS OR IST
RURAL ond give recrest fown) Fort Howard d. NAME OF HOSPITAL (If not in hospital, give street address) Veterans Administration Hospital 3 NAME OF DECEASED RURAL ond give recrest fown) 4 STREET ADDRESS ON A FARM? VES NO CE About About About Month Day Vegg Vegg On A FARM?
Fort Howard d. NAME OF HOSP, TAL (If not in hospital, give street address) Veterans Administration Hospital 32 Days Baltimore d. STREET ADDRESS d. STREET ADDRESS Veterans Administration Hospital 1621 N. Gilmor Street VES NO
d. NAME OF HOSPITAL (If not in hospital, give street address) Veterans Administration Hospital 3 NAME OF DECEASED First Middle Lost 4 DATE Month Day Year
Veterans Administration Hospital 3 NAME OF DECEASED First Middle Lost 4 DATE Month Day Year
3 NAME OF First Middle Lost 4 DATE Month Day Year DECEASED
DRACKSED OF
(Type or print) NATHANIEL P WILLIS DEATH April 9 19 59
5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS.
Male Golored WIDOWED DIVORCED August 26, 1886
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHA? COUNTRY during most of working life, even if retired)
Salesman Novelty Co. Prince George Co. Virginia U.S.A
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Stephen Willis Minerva Fields
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address [Yes no or unknown] 18 yes, give wer or delete of services
Yes WW I Clin. Rec., Veterans Adm. Hospital, Ft. Howard, M
18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] [INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ADENOCARCINOMA OF PROSTATE ONSET AND DEATH UNKNOWN
177X DUE TO
Conditions, if ony, which) (b)
gave rise to immediate Couse (o), stating the under DUE TO
lying couse lost. (c)
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
YES & NO
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port t or Port It of item 18.) (If EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED Haur o. m. 19 While Not while of work of work of work of work 19 Not while Not work 19 Not work 19 Not while Not work 19 Not work 19 Not while Not work 19 Not
Hour o.m. While Not while Foctory, street, office bldg., etc.)
21. I certify that Kattended the deceased from March 8 19.59, to April 9
alternation of the course and on the dots stoled obove
ADDRESS (Street city or lower state) DATE CICALE
SIGNATURE John W. Fert MD. VAH Ft. Howard, Md 4/10/9
PHYSICIAN'S NAME (Type) JOHN W. CRAWFORD, M.D. VAH Ft. Howard, Maryland
220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION ICLY flower or country
Rurial Apr. 15, 1959 Baltimore National. Baltimore Maryland
23. FUNERAL PRECIOES AGNATURE TO A HOME TO BE TO BE THE TOTAL TO BE TO BE THE TOTAL TO
Holland Funeral Home 1631 Druid Hill Ave. Balto 1878 1 4 59 Cuitan & House



*MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04105 3030 **CERTIFICATE OF DEATH** Reg. Dist. No. 1, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) & COUNTY Baltimore b. COUNTY Baltimore MARYLAND b' CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL HETECHOF DE Halethorpe d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION Park Ave ON A FARM? 1804 Park Ave. YES NO 3. NAME OF 4. DATE Year DECEASED JOHN JOSEPH WOLF JR. OF DEATH Apr.12,1959 (Type or print) 19 5. SEX 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS losi bittidoy) Male White Nov.3.1901 Dovs Hours WIDOWED [7] DIVORCED [100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? STOCK CTE The even if retired) Beth Steel Co. Maryland TIS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John J. Wolf Minnie A. Strube 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 10.8163 none Wolf 1804 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which been signed gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 189, WAS AUTOPS PERFORMED? YES 🔲 NO 📑 þū 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m. Not while of work ol work 21. I certify that I attended the deceased fram. Sthat I last saw the deceased and that death accurred at 45 A.M. from the causes and on the date stated above. DATE SIGNED **ACTUAL** SIGNATURE P PHYSICIAN'S FUNERAL NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Loudon Bark 23. FUNERAL DIRECTOR'S SIGNATURE Howard H. Hubbard 4107 Wilkens Ave. VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY . Fied **b** COUNTY MARYLAND Dall1 DJ4 b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR FOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown)pluode 1 wer - wis d NAME OF HOSPITAL (If not in hospitol, give street address) d. STREET ADDRESS OR INSTITUTION 2 puo 2 NAME OF First Middle 4. DATE Month DECEASED (Type or print) 125 DEATH 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH completely AGE (In years fast birthday) Months WIDOWED F7 DIVORCED | D 1 713. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY: during most of working life, even if retired HUUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician enalu поуе 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes, give war or dates of service) attending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ă. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Š Conditions, if ony, which been signed gave rise to immediate per **DUE TO** cause (a), stating the underlying cause lost. (c). PAST II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY U 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour a. m. While Not while at work at work p. m. 21. I certify that I attended the deceased from 1927, that I last saw the deceased alive an. and that death accurred at _____ M, fram the causes and an the date stated above ADDITESS (Street, city or town, state): ACTUAL pluods noy be retain PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lawn, or county) REMOVAL (Specify) 4-10-5 368124 23 FUNERAL DIRECTOR'S SIGNATURE. ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) arthur S. Hraus

15M 10/57

04106

Days

e IS RESIDENCE

ON A FARM?

YES NO |

Year

19

INTERVAL BETWEEN ONSET AND DEATH

day

PERFORMED? YES NO II-

(State)

(State)



The rate of the plantage of the late of th Sinostord? Canada with the enterest designs of bed bitorplessing a radydd miaif fil F = - F /- 1 Danigue, avoies defet . d. f. fecosti . divent 19 20 and a second sec and the same of th with a son to be a second of the second of t

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4113

CERTIFICATE OF DEATH

04108

Reg. Dist. No.

1,	o. COUNTY Ba	ltimore		MARYLI	li.	o. STATE	DENCE (WH Maryl		d lived. If i	institutio DUNTY	Balt	imor	re admiss 'e	sion)
	RURAL ond give n Catons V			onth5dys		c. CITY OR		r Hall		write RL	JRAL ond	give nec	irest fown	n)
	OR INSTITUTION	TAL (If not in hospital, give ROVE STATE	HOSP IT	AL		d. STREET A		ir Ro	ad					FARM?
3.	NAME OF DECEASED (Type or print)	First Della		Middle Zimmer	man	Zealo		4. DATE OF DEATH		Mont Apri		23		Yeor 1959
	sex female		MARRIED	DIVORCED		DATE OF BIRT		80	9. AGE (In	years hdoy) yrs.	Months	Doys	Hours	ER 24 HRS. Min.
10	during most of wor housewif	ON (Give kind of wark do king life, even if retired) E		F BUSINESS OR Home	INDUST	11. BIRTHP	ACE (Stole Mary)		ountry)		2.0	S.		COUNTRY
13	John	Zimmerman				14. MOTHER'S		iame irga re	t Har	mon				
{Y	was deceased eve es, ne, or unknown) unknown	R IN U. S. ARMED FORCE (If yes, give wor or dates of serv		SECURITY NO.		cords:	SPRI	NG G	ROVE	Addre		HOSI	TAI	
ION	PART I. DEA	mmediale (DUS 70	Absces Pyelor Degener	ss of le mephriti ative m	.s woca	rdial (E CONDITK	ON GIVI	EN IN PAR	ONS	P. WAS	DEATH
MEDICAL CERTIFICATION		MEDICAL EXAMINER)	20d. INJURY O	CCURRED 29	0e. PLAC	(Enter noture of	Home, form	, 20f. (City		18.)	(County)		NO [
W		nat I attended the depril 23	ot work of	m Apri.		ccurred at	7:45a	April LM, from ADDRESS (SI CROVE	n the cau	Jses ai	nd on t	he da	e state	deceased ed abave ATE SIGNED -23-49
	PHYSICIAN'S NAME (Type)	Stella Wac	nsler, M	I. D.		Cato	nsvil	le 28	, Mar	ylan	ıd	· dry and, other some state :	in 1874 with 1824 with 1824 -	
22	o. Burial, CREMATIC REMOVAL (Specify) Burial	22b. DATE THEREOF		AME OF CEMET			hodis	22d. LOCAT				d Co	(Stot	
23	SUNERAL DIRECTOR	s signature	ne 74	DRESS OF Bola	in a	Rd	240. REC'E	2 7 59	RAR 24b	. REGIST	TRAR'S SI	GNATUR	E	

